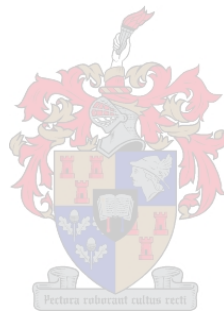


VIEWS OF SOCIAL WORKERS ON IMPLEMENTATION OF CHILD MALTREATMENT PREVENTION SERVICES IN NAMIBIA

by

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degree of Master of Social Work in the Faculty of Arts and
Social Sciences at the University of Stellenbosch

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DECLARATION

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ABSTRACT

Every country plans how it will ensure the protection of children from child maltreatment and other forms of abuse. Standards such as legislation, culture and religion usually shape how society should plan and choose to protect children. These choices may have an effect on the childhood of children and may shape their future. As there is an increase of child maltreatment cases in Namibia, the researcher undertook a study of the views of social workers on the implementation of child maltreatment prevention services in Namibia

The study aimed at investigating the views of social workers in the implementation of child maltreatment prevention services. A literature review was compiled describing the policies and legislation utilised in the implementation of child maltreatment prevention services and exploring the ecological perspective and the systems theory as well as the welfare services rendered in the implementation of child maltreatment prevention services. Following this an empirical investigation was conducted which made use of qualitative research methodology and employed explorative and descriptive research designs. Purposive non-probability sampling was utilised which involved social workers at the Ministry of Gender Equality and Child Welfare. In this study twenty social workers took part as participants.

One of the most important conclusions made was that social workers experience challenges in the implementation of child maltreatment prevention services especially at primary prevention level. The main challenges were high caseloads and a shortage of social workers. The researcher made certain conclusions and recommendations with regards to the views of social workers on the implementation of child maltreatment prevention services, such as that early intervention programmes should be encouraged to foster prevention services at primary prevention level so that children do not need to go through maltreatment before it is addressed. In-service training for social workers on early intervention and prevention services should be prioritised and motivate social workers should be motivated through incentives.

OPSOMMING

Elke land beplan hoe om te verseker dat kinders teen mishandeling en ander vorme van misbruik beskerm word. Norme en standaarde soos wetgewing, kultuur en geloof dien gewoonlik as riglyne vir die samelewing wat die beplanning en keuses wat gemaak moet word ter beskerming van kinders betref. Hierdie keuses kan die kinderjare van kinders asook hul toekoms beïnvloed. Met die toename in gevalle van kindermishandeling in Namibië het die navorser 'n studie onderneem oor die siening van maatskaplike werkers ten opsigte van die implementering en uitvoering van voorkomingsmaatreëls in kindermishandeling in Namibië.

Die studie het gepoog om maatskaplike werkers se siening oor die implementering van voorkomingsmaatreëls in kindermishandeling te ondersoek. 'n Literatuurstudie oor die beleid en wetgewing wat geïmplementeer word in die voorkomingsdienste van kindermishandeling, is saamgestel. Voorts is die ekologiese perspektief en sisteemteorie asook die maatskaplike dienste wat met die implementering van voorkomingsmaatreëls met kindermishandeling toegepas word, bekyk. Hierna is 'n empiriese ondersoek gedoen wat gebruik gemaak het van die kwalitatiewe navorsingsmetodologie en waarvoor die verkennende en beskrywende navorsingsontwerp aangewend is. 'n Nie-waarskynlike doelbewuste proefneming is gebruik en maatskaplike werkers van die Ministerie van Geslagsgelykheid en Kinderwelsyn (Gender Equality and Child Welfare) is betrek. Twintig maatskaplike werkers het aan die navorsing deelgeneem.

Daar is bevind dat maatskaplike werkers verskeie uitdagings met die implementering van die voorkomingsmaatreëls met betrekking tot kindermishandeling, veral op primêre voorkomingsvlak, ervaar. Die navorser het tot sekere gevolgtrekkings gekom en het verskeie aanbevelings gemaak ten opsigte van die siening van maatskaplike werkers oor die implementering van voorkomingsmaatreëls met kindermishandeling. Aanbevelings behels onder andere dat vroeë intervensieprogramme aangemoedig moet word om voorkomingsmaatreëls op die primêre vlak aan te bied en om te voorkom dat kinders eers mishandel word voor die mishandeling aangespreek word. Indiensopleiding vir maatskaplike werkers oor vroeë intervensie en voorkomende dienslewering moet voorkeur kry en maatskaplike werkers moet gemotiveer word deur aansporingsbonusse.

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LIST OF ABBREVIATIONS

UNICEF	United Nations Children Education Fund
UNCRC	United Nations Convention on the rights of a Child
ACRWC	African Chatter on the rights and Welfare of a child
MGECSW	Ministry of Gender Equality and Child Welfare
LAC	Legal Assistance Centre
ACPF	African Policy Forum
CCPA	Child Care and Protection Act
CDCP	Centre for disease Control and Prevention
MOHSS	Ministry of Health and Social services
GBVU	Gender Based Violence Unite
GBV	Gender Based Violence
WACPU	Women and Child Protection Unite
UNISON	United Nations International Superhero Oversight Network

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CHAPTER 1

INTRODUCTION AND ORIENTATION OF THE RESEARCH STUDY

1.1 PRELIMINARY STUDY AND RATIONALE

High rates of maltreatment are a cause for grave concern in Namibia. Maltreatment has profound, adverse effects on children's health and development (The United Nations Children's Fund (UNICEF), (2014:1). Maltreated children are more likely than others to suffer from depression, post-traumatic stress disorders and substance abuse, as well as engage in criminal activities (Paxson and Haskins: 2009:3).

According to the Legal Assistance Centre (2015:2) the final report on the Revision of Namibia's Draft Child Care and Protection Bill, the main piece of legislation on children in Namibia currently is the Children's Act 33 of 1960. The Legal Assistance Centre (2015) indicated that the Act is a South African law, which came into effect on 1 January 1977 in Namibia (or "South West Africa" as it was known at that time). In a speech by Hon Justice Shivute (2009:2) during the closing session of the technical workshop on The Draft Child Care and Protection Bill in Namibia, he stated that the Children's Act 33 of 1960 was inherited by Namibia at Independence and has served as the key piece of children's legislation in Namibia for over 33 years. Ministry of Gender Equality and Child Welfare (2010:4) also reports that shortly after Namibia became independent in 1990 it became clear that the Children's Act 33 of 1960 required amendments to be more appropriate for the new national context.

With regard to the context, this study focused on the international documents that Namibia had ratified for the protection of children namely, the UN Convention on the Rights of a Child (UNCRC) and the African Charter on the Rights and Welfare of a Child. Ambunda and De Klerk (2008:1) indicate that Namibia became a signatory to the Convention on the Rights of the Child on 30 September 1990, and is therefore bound to enforce these rights. Ambunda and De Klerk (2008:1) add that being a member of the UN since 1990, Namibia is party to many UN Conventions and has shown a strong commitment towards the protection of children's rights.

Namibia has also ratified the African Charter on the Rights and Welfare of the Child (1990). Article 16 in the African Charter commits the Namibian Government to protect children from violence and abuse in the home, and Article 21(1) requires governments to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child, particularly customs and practices which are prejudicial to the child's life or health and those which discriminate on the basis of sex or other status (Legal Assistance Centre 2005:2). This issue is further discussed in Chapter two of this study.

Namibia has also developed national legal instruments on children's rights which are outlined in this study. It took Namibia almost two decades to draft suitable legislation by way of the recently enacted Child Care and Protection Act 3 of 2015. This act reflects the principles of the Convention on the Rights of a Child in the Namibian context (Legal Assistance Centre 2009:2). It further provides clear guidelines for social workers on how to act at micro, mezzo and macro levels when a child maltreatment case is suspected and/or reported.

National and international legal frameworks are necessary but not sufficient means by which adequate protection for the rights of children are granted. Sinvula (2012:121) emphasises that states and governments can only enforce legal frameworks; they cannot guarantee the moral behaviour of their citizens. By this assessment, Namibia is on the right track in terms of establishing the required legal framework for the protection of children. However, considering that child maltreatment cases are increasing on a daily basis, the Namibian society still has a long way to go before the rights and dignity of children are fully respected and child maltreatment is prevented.

The Association of Public Child Welfare Administrators (2009) in U.S.A indicates that many public and private child welfare programs and staff are concerned with protecting children from some form of abuse or neglect by strengthening the ability of families to protect their children or providing an alternative safe family for the child. Social workers in Namibia investigate child maltreatment cases and provide families with a range of clinical and "concrete" services to address family needs or problems as a way of preventing or addressing child maltreatment.

According to Daro and Dodge (2009:19), preventing child maltreatment means influencing individual behaviour, relationships among families and neighbours,

community involvement and the culture of a society. Daro and Dodge (2009:19) emphasise that prevention strategies should include effective programs that focus on parents' individual behaviour and attitude change, as well as efforts to change policies and societal norms to create environments that support safe prevention strategies to stop child abuse and neglect before it happens.

The practice in Namibia currently is that there is more emphasis on secondary prevention, which is the prevention of continued abuse. When a suspicion of child abuse or neglect is reported, social workers are alerted, investigations are conducted and interventions are made to stop the abuse and prevent it from happening again. It is less common for social workers to intervene to enhance family relationships before a case of abuse is reported. Community members also tend to get involved only after the abuse has taken place. This may be caused by a lack of social workers and advocacy organisations to implement prevention programs on ground level in Namibia.

According to the Legal Assistance Centre (LAC) (2014) as well as UNICEF (2009:2), to date research has not yet been conducted on the challenges facing social workers in the prevention of child maltreatment in Namibia as well as views of social workers on child maltreatment prevention. This study therefore serves as the baseline for further research to be conducted on the prevention of child maltreatment in Namibia. It is of great benefit to the Namibian Government as it informs service providers and child welfare offices of the challenges faced by social workers, and provides recommendations on what can be done to enhance the prevention of child maltreatment in the Namibian context. This in turn should contribute to the improvement of service delivery.

1.2 PROBLEM STATEMENT

A report by the Child Welfare Directorate: Ministry of Gender Equality and Child Welfare (2008:2) states that the number of child maltreatment cases reported to the Ministry of Gender Equality and Child Welfare is increasing on a daily basis and is an increasing cause for concern in the country. Social workers in the Ministry of Gender Equality and Child Welfare, Ministry of Health and Social Services and other organisations working with children's rights form the frontline of defence against child maltreatment. According to the Child Welfare Directorate: Ministry of Gender Equality

and Child Welfare (2008:43) statistics show that, between 2011 and 2013, 5071 cases of different forms of abuse have been reported at different offices of the Ministry of Gender in Namibia.

Social workers are taught that prevention should be at the front end of all interventions and that working with the child means working with the whole family and with other environmental factors in a culturally competent way (National Association of Social Workers Policy Statement 2009:277). The National Association of Social Workers (2009) also adds that social workers and other professionals help families by identifying and addressing the individual, family and community challenges they encounter.

The social work profession has historically been involved in the design and delivery of child protection services as well as in addressing the social conditions that perpetuate the problem. With more than 100 years' experience in battling child maltreatment, social workers in Namibia bring a unique body of knowledge to the problem. With this history, one may wonder about the challenges experienced by social workers in the prevention of child maltreatment. This is the central question that the researcher will seek to answer in this study.

In attempting to understand the views of social workers on prevention activities, the researcher investigated the views of social workers on implementation of child maltreatment prevention services in Namibia during prevention at macro, mezzo and macro levels. Most of the literature on child maltreatment in Namibia is written from a general perspective on the causes and effects of child maltreatment. However, no research has been conducted specifically on the challenges social workers experience in the prevention of child maltreatment in Namibia (Korbin, Frone, Casas & Ben Arie 2014:1). Therefore, this research would help in identifying certain areas in social work practice that need improvement as well as in the possible development of programs aimed at the prevention of child maltreatment.

The legislation in Namibia that is currently available to support prevention strategies was examined with a view to identifying gaps and other aspects that require revision, as well as making recommendations on how social workers can use the existing legislation. The research focused on six different pieces of legislation: The Children's Act 33 of 1960, The African Charter on the Rights and Welfare of the Child (1999), The

United Nation Convention on the Rights of a Child (1989), The Combating of Rape Act 8 of 2000, the Child Care and Protection Act 3 of 2015, as well as the Combating of Domestic Violence Act 4 of 2003.

It was also necessary to understand the professional environment that social workers operate within, and ascertain the practical obstacles they face in this environment. According to the National Clearinghouse on Child Abuse and Neglect Information in Washington D.C (2009:3), many social workers in child welfare organisations are overburdened with high caseloads and mounting administrative tasks that prevent them from engaging in prevention-related activities. The National Clearinghouse on Child Abuse and Neglect Information (2009) adds that only a few social workers are employed in the Child Welfare Directorate and that much of their time is consumed with statutory investigations, the registration of children in foster care, custody and control cases, adoptions and custody dispute resolution cases. This shortage of human resources and time could be the reason for the lack of focus on prevention activities, as well as the lack of a strategic approach prioritising the prevention of child maltreatment at national level. A current challenge is to improve practice by understanding and applying research and by opening the door for on-going practice evaluation.

1.3 THEORETICAL POINTS OF DEPARTURE

According to the National Child Protection Clearing House Newsletter (2009:6) current theories of the causes (or etiology) of child maltreatment draw heavily on Urie Bronfenbrenner's Ecological perspective of Human Development. According to French (2007:6), Bronfenbrenner's Ecological perspective identifies five environmental systems that shape child development.

The five environmental systems are described as follows:

- **Microsystems level:** The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of child abuse or neglect (Dahlberg & Krug 2013:4).
- **Mezzosystems level:** The second level examines close relationships that may increase the risk of experiencing child abuse/neglect and the risk of being abusive or neglecting a child (Dahlberg & Krug 2013:5).

- **Exosystems level:** The third level explores the settings such as schools, workplaces, and neighbourhoods in which social relationships occur, and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of abuse or neglect.
- **Macrosystems level:** According to Dahlberg and Krug (2013:5), the fourth level explores the roles that institutions play in prevention. Prevention strategies relate to public policy, laws and/or resource allocation relating to supporting prevention efforts.
- **Chronosystems level:** The fifth level looks at the broad societal factors that help create a climate in which abuse or neglect is either encouraged or inhibited (Dahlberg & Krug 2013:5).

According to the University of Oregon College of Education (2013), child protection relies on people and organisations being properly equipped to carry out their tasks. According to Wulczyn, Daro, Fluk, Feldman Christin and Lifanda (2010) how children, families, communities, states, formal and informal organisations are assembled around a common purpose is fundamentally a question about the past, the future and whether the system in place today meets the goals set forth. Specific choices will reflect local preferences, customs, pre-existing structures, laws and the will of the actors who take on the challenge of protecting children.

Ivery (2007:7) adds that according to Organizational Ecology, itself an outgrowth of systems theory, organisations (or groups of organisations), along with their functions, structures, goals and activities, develop within the context of and in response to the wider community and the other organisations existing therein. Wuczyn et al. (2010), position that the importance of cooperation, coordination and collaboration (terms which are often used interchangeably but each associated with different behaviours) is underscored in terms of how organisations can work together to achieve a common goal. According to Ivery (2007:7), when thinking about a systems approach to child protection, it is important to remember the highly interactive nature of the parts in relation to the whole in a given context. Minimum requirements depend to some extent on the system's scope.

Mulroy (2004:77) presents an “Organization-in-Environment” perspective for understanding how agencies function within and respond to various levels within the larger environment (i.e. local community, societal/policy context, demands for social justice). In her discussion of the perspective, Mulroy (2004:77) relies on systems language when she refers to the “dynamic” nature of the environment within which agencies operate and the need for agency structures and functions to be adaptable to changing conditions within the environment. These efforts are, however, not made by social workers alone. Social workers according to, Wuczyn et al. (2010) work hand-in-hand with community members and leaders, doctors, nurses, psychologists and psychiatrists. They also work with teachers, schools and families.

It is clear that the ecological perspective enable social workers to render child maltreatment services on micro, meso, and macro systems levels. It would however also be necessary for social workers to identify the challenges that they experience to develop suitable solutions.

1.4.2 Objectives

In order to reach this goal, the study fulfilled the following the objectives:

- To describe the policy, legislation and theoretical points of departure in the prevention of child maltreatment.
- To explore and describe the welfare services rendered by social workers in the implementation of child maltreatment prevention strategies.
- To explore and describe the challenges of social workers in the implementation of child maltreatment prevention strategies in Namibia and to provide recommendations for practice on the prevention of child maltreatment in the Namibian context.

1.5 CLARIFICATION OF CONCEPTS

1.5.1 Child

According to the Republic of Namibia (1960), the Children’s Act 33 of 1960 regulates that a child is any person, whether an infant or not, who is under the age of 18 years. The United Nations Convention on the Rights and Welfare of the Child (1989) defines

a child (in Article 1) as every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.

The age of majority differs from country to country. According to the Age of Majority Act 57 of 1972, in Namibia, all persons, whether male or female, attain the age of majority when they reach the age of 21 years. However, in the Child Care and Protection Act 3 of 2015, Section 10, the proposed age of majority is 18 years. Therefore children in this study will include children who are below 21 years old.

1.5.2 Child Maltreatment

In the World Health Organisation Report of the Consultation on Child Abuse Prevention, Geneva (1999:29) child maltreatment is defined as sometimes referring to child abuse and neglect. This includes all forms of physical and emotional ill treatment, sexual abuse, neglect and exploitation that result in actual or potential harm to the child's health, development or dignity. Namibia is guided by the Children's Act 33 of 1960 Section 18 that defines child abuse and neglect as follows:

- Any parent or guardian of a child or any person having the custody of a child who ill-treats, neglects or abandons that child or allows it to be ill-treated shall be guilty of an offence if as a result of the ill treatment, neglect or abandonment the child is likely to suffer unnecessarily or any part or function of its mind or body is likely to be injured or detrimentally affected, even though no such suffering, injury or detriment has in fact been caused or even though the likelihood of such suffering, injury or detriment has been averted by the action of another person (Children's Act 33 of 1960)
- Any person legally liable to maintain a child who while able to do so fails to provide that child with adequate food, clothing, lodging and medical aid, shall be guilty of an offence (Children's Act 33 of 1960)

In addition, according to the Guide to The Combating of Domestic Violence Act 4 of 2003:7, child maltreatment takes the form of sexual abuse, physical abuse, emotional abuse and neglect. Section 2 of the same Act explains the exposure of children to abuse as a form of domestic violence if a child is allowed to see physical, sexual or psychological abuse against a family member, or if the child is placed at risk of seeing

or hearing such abuse. In this case the victim of the abuse cannot be held responsible for this, only the perpetrator (Korbin & Krugan 2014).

1.5.3 Prevention Services

Prevention strategies are defined by several authors at three levels as follows:

- **Primary prevention** – These prevention services aims to protect individuals in order to avoid problems prior to signs or symptoms of the problem. These include those activities, programs, and practices that operate on a fundamentally non-personal basis and alter the set of opportunities, risks and expectations surrounding individuals, for instance education and awareness (Daro & Dodge 2009:1).
- **Secondary Prevention** –These services identifies persons in the early stages of problem behaviour and attempts to avert the ensuing negative consequences by inducing them to cease their problem behaviour through counselling or treatment. It is often referred to as early intervention, for example removing children to alternative care (Daro & Dodge, 2009:1).
- **Tertiary Prevention** –These services, according to Daro and Dodge (2009:1) strive to end the problem behaviour and/or to ameliorate its negative effects through treatment and rehabilitation. This is most often referred to as treatment but also includes rehabilitation and relapse prevention.

1.6 RESEARCH METHODOLOGY

The research was conducted in Namibia in the Ministry of Gender Equality and Child Welfare. Participants were drawn from 13 regional offices as well as the head office of the Ministry of Gender Equality and Child Welfare.

1.6.1 Literature Study

According to (De Vos, Strydom & Fouche 2011:433) it is necessary to conduct a literature study to gain a better understanding of the nature and meaning of the problem that has been identified. Legislation, articles, books, journals, reports and policies were reviewed which specifically talk about prevention of child maltreatment. The roles and responsibilities of social workers in the implementation of child

maltreatment prevention strategies and the challenges social workers experienced in implementing these services were reviewed in Chapter three of the research study.

1.6.2 Research Approach

In this study a mainly qualitative research approach was used with elements of a quantitative nature as indicated by Cresswell (1994), Denzin and Lincoln (1994) and Mostyn (1985) cited in Neuman (1997:14). They characterise a qualitative research design as a design that focuses on an interactive process between the researcher and the subject where authenticity is significant (Cresswell 1994; Denzin & Lincoln 1994 and Mostyn 1985). Qualitative designs are often situational constrained, fewer cases or subjects are used and the researcher is involved in the data gathering process. This is supported by Grinnell and Unrau, (2005:196) who assert that this approach describes a social reality from the point of view of participants within the systems being studied. The design assumes that the participants in a social situation can best tell the researcher about what they are doing and why.

From a qualitative perspective, the researcher is concerned with describing and understanding human behaviour and the subjective exploration of reality from the perspective of an insider (De Vos et al. 2011:433). This study would therefore made use of a qualitative approach as the researcher is interested in the views of social workers on implementation of child maltreatment services.

1.6.3 Population and Sampling

De Vos, Strydom, Fouche and Delport (2011:223) refer to a sample as defined in Gravetter and Forenzano (2003:465) as always implying the simultaneous existence of a population or universe of which the sample is a smaller section, or a set of individuals selected from a population. The authors state that a sample comprises elements or a subset of the population considered for actual inclusion in the study. The universe sets limits for the study units and the population is the total set out of which individuals for the study are chosen (De Vos et al., 2011:433).

The population used in this study was social workers from the Child Welfare Directorate in Namibia. The sample for this study was drawn from the Child Welfare Directorate's 13 regions in Namibia, as well as from social workers based at the head office where 20 social workers were selected. Only social workers who are involved in

prevention of child maltreatment (at micro, mezzo or macro level) were included in the selection process. These social workers had to have worked in child welfare services for at least one year. Both male and female social workers were included in the selection.

Non-probability sampling was used to identify the participants of the study. According to Bless and Higson-Smith (1995:88) and Huysamen (1994:343-344), non-probability sampling is advantageous in the sense that it is less expensive and complicated than probability samples. It is also used in cases where the probability of including each element of the population in a sample is unknown. In other words, it is not possible to determine the likelihood of the inclusion of all illustrative elements of the population into the sample. (De Vos et al., 2011:198) stress that it is therefore difficult to estimate how well the sample represents a population and makes generalisation questionable.

Bless and Higson-Smith (1995:95) warn that the danger of this type of sampling is that it relies more heavily on the subjective considerations of the researcher than on scientific criteria and can sometimes lead to uncontrollable results. Generalisation did not pose a threat in this study since the sample is representative of the population of social workers in Namibia.

The researcher used purposive sampling during this study. Bless and Higson-Smith (1995:95) and Huysamen (1994:44) describe this as the most important kind of non-probability sampling. It is reliant on the experiences and judgment of the research regarding the characteristics of the representative sample. For the purpose of this study, only social workers who are involved in prevention of child maltreatment (at Micro, Mezzo or Macro level) will be included. These social workers must have worked in child welfare for at least one year.

The researcher contacted managers of 13 regions of the Child Welfare Directorate in Namibia telephonically to explain the research study. Thereafter, the researcher provided the managers with written information about the aims and objectives of the study, an example of the informed consent document, as well as the inclusion criteria was sent to the social workers in the regions. Upon agreeing to participate in the research study, the names of the social workers who volunteered to partake in the study were indicated to the researcher. The researcher then contacted the participants

to arrange the interviews. Research interviews were conducted with 20 social workers that complied with the above mentioned inclusion criteria.

1.6.4 Research Design

This study incorporated explorative and descriptive research design. Kreuger and Neuman (2006:23) assert that explorative and descriptive researches have some similarities but also differ in many aspects, although they might blend in practice. De Vos et al. (2011:198) state that descriptive research presents a picture of the specific details of a situation, social setting or relationship.

Babbie (2009:90) explains that explorative research is used when a subject of study is itself relatively new and understudied. Babbie further expands that such studies are mostly typically done for three purposes, which are to satisfy the researcher's curiosity, to satisfy the researcher's desire for a better understanding and to test the feasibility of undertaking a more careful study. Neuman (1997:20) adds that exploratory research also formulates questions, and refines issues for more systematic inquiry. Finally, Babbie (2009:90) positions that the goal of exploratory research is to develop techniques and a sense of direction for future research. The researcher took a descriptive approach when defining preventative strategies and then used explorative research to investigate as yet undocumented views of social workers on implementation of child maltreatment prevention services.

1.6.5 Data Collection Methods

Bless and Higson-Smith (1995:106-107) state that interviewing allows for specific and detailed information to be gathered and facilitates comparison of the reactions of different participants. De Vos et al. (2011:351) state that researchers utilise semi-structured interviews to gain an in depth view of the perceptions of the participants of a specific topic.

For purposes of data collection the researcher opted to interview participants using a semi-structured interview schedule. The interviews took between 45 minutes to an hour and took place in a secure office at the Ministry of Gender Equality and Child Welfare. This type of interview uses prior knowledge, an understanding of the topic and a need for further information (Bless & Higson-Smith in Strydom 2011).

1.7. DATA ANALYSIS

Data Analysis began after collecting data and transcribing data from the semi-structured interview schedules. The qualitative data were sorted according to themes and subthemes, as described by De Vos et al. (2011:338). The themes, subthemes and categories were presented in table, narratives were used to describe and illustrate the data.

1.8 ETHICAL CLEARANCE.

Ethics is defined by De Vos et al. (2011:114) as a set of moral principles which is suggested by an individual group is subsequently widely accepted and which offers rules and behavioral expectations about the most correct conduct towards experiential subjects and participants, employers, sponsors, other researchers, assistants and students.

It is for this reason that the researcher ensured that the proposal for the study was ethically cleared. Ethical clearance was granted by the Ethics Screening Committee (DESC) of Stellenbosch University (DESC/Amukwelele/Oct/2014/12) as well as the permanent Secretary of the Ministry of Gender Equality and Child Welfare for approval as a low risk research. The following ethical issues were considered.

1.8.1 Voluntary Participation

According to Rubin and Babbie (2005:71), participation at all times should be voluntary and no one should be forced to participate in a project. De Vos et al. (2011:117) state that, even if participants are told that their participation is voluntary, they might still think that they are somehow obliged to participate. For the purpose of this study, care was taken to clearly inform participants of the nature and the topic of the study, and to explain that they are free to decide whether or not they want to take part and that they could withdraw at any time during the study.

1.8.2 Informed Consent

Grinnell and Unrau (2005:37) state that respect for the person requires that subjects should be given the opportunity to choose what will or will not happen to them. For the

sake of this research, the researcher obtained written consent from all participants through a consent form that provided full information on the goal of the investigation, the expected duration of the participants' involvement, the procedure to be followed during interviewing, and an outline of possible dangers, advantages and disadvantages to which they might have been exposed. The researcher also respected the participants' right to make their own decisions as to whether to take part or not take part in the investigation. No force or intimidation was used in this research.

1.8.3 Participants' Privacy and Confidentiality

The researcher respected the right to privacy of each respondent and adhered to the principle of confidentiality during this study. As defined by Babbie (2007:65) confidentiality refers to the protection of private information so that no particular information or response can be linked to any specific individual participant. The researcher therefore relayed information anonymously. However, in order for the researcher to identify the participants for the sake of follow up, the researcher obtained informed consent to mark the participants' questionnaires with confidential codes. All information gathered from the interviews and the audio-recordings were kept in a safe place located in a filing cabinet accessible to the researcher only.

1.9 LIMITATIONS OF THE STUDY

Within the context of the research, the researcher identified the following possible limitations of the study:

The research study was only completed at the Ministry of Gender Equality and Child Welfare and can therefore pose to be a limited view of the research problem, since all involved participants render services in the same field and similar contexts

1.10 VALIDITY AND RELIABILITY

Criteria for a research study should be established to ensure that the quality of researched data can be verified, such as the validity and the reliability of the investigation. Validity refers to the extent to which an empirical measuring instrument adequately reflects the true meaning of the concept which is supposed to be studied. Reliability means that when a research instrument is used to research the same

concept twice the results should be the same. With regard to qualitative studies the norms of credibility, transferability, dependability and conformability should be discussed to assess the validity and reliability of a qualitative study (De Vos *et al.*, 2011:172).

- **Credibility**

The credibility of a research study is the accurate identification and description of the subject within the parameters of the population and theoretical framework of the research study (De Vos *et al.* 2011:177). The researcher managed the credibility of the research study by setting out a theoretical framework (Chapters 2 and 3) and the parameters of the population were indicated (Chapter 4).

- **Transferability**

According to De Vos *et al.* (2011:177) transferability refers to whether the results from the empirical investigation could be transferred to other settings and populations. The transferability of the research study was enhanced by a clear description of the research methodology. The method of data collection and the analysis of the data were guided by the theoretical framework.

- **Dependability**

Dependability refers to the fact that the researcher attempted to account for the changing conditions in the phenomenon chosen for the study (De Vos *et al.*, 2011:177). In the research study international and national recent literature on maltreatment prevention strategies was utilised. The dependability of the research study was enhanced by presenting the obtained data in a logical and systematic way.

- **Conformability**

Conformability implies that findings of the study could be confirmed by findings in another study (De Vos *et al.*, 2011:177). The literature control in the discussion of the empirical findings add to the conformability as the findings from the research study conformed to previous research on the same research topic.

1.11 PRESENTATION OF THE RESEARCH

The research was divided into five chapters.

Chapter one serves as the introduction to the study. The purpose of this chapter is to provide motivation for the importance of and the need for the study to be undertaken. It clearly indicates the research methodology that was undertaken during the research, explaining how the study was carried out. It also outlines the goals and objectives of the study.

Chapters two and three present the literature review. Chapter two looks at the policy, legislation and the ecological perspective with regard to child maltreatment. Chapter three deals with the child maltreatment prevention services rendered by social workers. In Chapter four, data from the empirical investigation is analysed in order to relay the challenges of social workers in the implementation of child maltreatment prevention services in Namibia according to the Children's Act (33 of 1960). Lastly, Chapter five provides conclusions and recommendations based on the analysed data obtained during the empirical study.

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CHAPTER TWO

POLICY, LEGISLATION AND THEORETICAL POINTS OF DEPARTURE IN THE PREVENTION OF CHILD MALTREATMENT

2.1 INTRODUCTION

Every country deliberately plans how it will ensure the protection of children. Certain standards such as legislation, culture and religion usually shape how the society should plan and choose to protect. Hence these choices may have an effect on the childhood of children (United Nations Children's Fund (UNICEF) (2009). Nonetheless, the most essential question is: How will a society protect children from maltreatment (Wulczyn, et al. 2010)).

The ecological perspective and the systems theory together could serve as a guiding framework for social workers in the prevention of child maltreatment. According to Johnson and Rhodes (2005:56) for child protection systems to come up with good prevention strategies, both the environment in which the child lives as well as the systems that influence the behaviour patterns of such a child must be considered. Social workers use the systems theory to understand relations among living entities and relations between living entities and aspects of their environment. Additionally, ecology gives insight into the nature and consequences of such transactions for both human beings and for the physical and social environments in which they function. However, according to Friedman and Allen (2014:3) the systems theory does not provide a framework for understanding and solving problems and it does not give direction on specific intervention services which social workers need to implement. Nevertheless, the systems theory serves as an organised theoretical framework for understanding problems.

In this chapter, the focus will be on the acts, policies and treaties which regulate the prevention of child maltreatment in Namibia. The international treaties as well as the National Acts and policies will be discussed. Thereafter, the ecological perspective and the systems theory with regard to child maltreatment will be discussed; this will include the concept systems theory and ecological perspective and the different levels of the ecological perspective namely; the microsystem, the mezzosystem, the

exosystem, the macrosystem and the chronosystem. Thus the first objective of the study will be reached.

2.2 DEFINING THE TERM “CHILD MALTREATMENT”

According to Kury, Redo and Shea (2016:4) child maltreatment constitutes “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect and exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship or responsible trust or power”. Wells (2008:4) defines child maltreatment as “any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act which presents an imminent risk of serious harm to children”. According to Wells (2008:4) different countries define child maltreatment differently depending on the laws of that country.

Namibia as a country is guided by the old South African Children’s Act 33 of 1960. Section 18 of this Act defines child maltreatment as any ill-treatment, neglect or abandonment of a child or allowing a child to be ill-treated, neglected or abandoned according to Hubbard (2011:10). The Children’s Act 33 of 1960 further states that a parent or guardian of a child or any person having the custody of a child who ill-treats, neglects and abandons a child shall be guilty of an offence if, as a result of the ill-treatment, neglect or abandonment the child is likely to suffer unnecessarily or any part or function of its mind or body is likely to be injured or detrimentally affected. The Children’s Act 33 of 1960 also considers child maltreatment in the case where the likelihood of abuse or harm is caused by the action of another person.

Section 18 of the Children’s Act 33 of 1960 further states that any person legally liable to maintain a child who while able to do so fails to provide that child with adequate food, clothing, lodging and medical aid, shall be guilty of an offence (Horn 2009:4). This regulation protects children in terms of the provision of basic needs by their parents or guardians, who must ensure that the basic needs of children are provided for according to their means.

In addition, Ruppel (2009:20) mentioned that the Guide to The Combating of Domestic Violence Act 4 of 2003 identified sexual abuse, physical abuse, emotional abuse and neglect as child abuse. Section 2 in the Combating of Domestic Violence Act 4 of 2003

explains the exposure of children to abuse as a form of domestic violence that is; if a child is allowed to see physical, sexual or psychological abuse against a family member, or to place a child in a situation where he/she may see or hear abuse taking place.

For purposes of this study, the definition of child maltreatment that will be referred to will be in terms of Section 4(2) of The Children's Act 33 of 1960 which states that child maltreatment is any ill-treatment, neglect and abandonment, or allowing a child to be ill-treated, neglected and abandoned if as a result of the ill-treatment, neglect or abandonment the child is likely to suffer unnecessarily or any part or function of its mind or body is likely to be injured or detrimentally affected. The definition in the Guide to The Combating of Domestic Violence Act 4 of 2003 will also be considered for the purpose of this study. The definition reads that "child maltreatment includes sexual abuse, physical abuse, emotional abuse and neglect as child abuse". Both definitions will be used because as a country Namibia is guided by these laws and Namibia's prevention strategies are based on the definitions in the mentioned acts. The next section contains discussions on the Acts, Policies and Treaties regulating the prevention of child maltreatment in Namibia.

2.3 ACTS, POLICIES AND TREATIES REGULATING THE PREVENTION OF CHILD MALTREATMENT IN NAMIBIA

There are different acts, policies and treaties that regulate the prevention of child maltreatment in Namibia. According to Ambunda and Mugadza (2009:5) Namibia has identified child maltreatment as a serious concern which warrants efforts at all levels of society to develop prevention measures that include developing regulations by way of acts, policies and treaties. In an effort to respond to child maltreatment prevention, Ruppel (2009:9) states that the Government of the Republic of Namibia has ratified the United Nations Convention on the Rights of a Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

Namibia is still applying the old South African Law namely the Children's Act 33 of 1960 and the Namibian acts namely, the Combating of Domestic Violence Act 4 of 2003, the Combating of Rape Act 8 of 2000 and the recently enacted Child Care and

Protection Act 3 of 2015. The regulations as set out in the United Nations Convention on the Rights of a Child (UNCRC) will be deliberated on in the next section.

2.3.1 INTERNATIONAL FRAMEWORKS REGULATING THE PREVENTION OF CHILD MALTREATMENT

International provisions relating to the protection of children's rights exist within various legal systems. This chapter briefly introduces the application of international law in Namibia with regards to child maltreatment. According to Ambunda and Mugadza (2009:9) the focus within the protection of children on a global level is on the legal framework of the United Nations (UN). Ruppel (2009) also notes that being a member of the UN since 1990, Namibia is party to many UN Conventions and has shown a strong commitment towards the protection of children's rights.

The African Charter on the Rights and Welfare of a Child is also one of the regional laws that Namibia is a signatory to in the interest of protecting children (Ruppel 2009:36). Article 144 of the Namibian Constitution Third Amendment Act 8 of 2014 explicitly incorporates international law and makes it part of the law of the land. Thus, public international law is part of the law of Namibia (Ruppel 2009:36). The United Nations Convention on the Rights of the Child (UNCRC) (1989) as well as the African Charter on the Rights and Welfare of the Child (ACRWC) (1999) are discussed below.

2.3.1.1 THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

The United Nations Convention on the Rights of the Child (1989) has inspired changes and reforms in laws and policies in Namibia as well as other countries to make children's rights more accessible through enforcement of explicit laws to prevent child maltreatment. According to Ruppel (2006:31) the most prominent UN manifestation to advance children's rights is the UNCRC. The Convention was adopted by Resolution 44/25 of 20 November 1989 at the Forty-fourth Session of the UN General Assembly, and entered into force on 2 September 1990. In accordance with Article 49(1) of the UNCRC (1990) it is the primary role of parents and the family in the care and protection of children, as well as the obligation of the State to help them carry out the duties as worded in the conventions.

According to Milne (2013:2) the UNCRC recognise that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. Milne (2013:2) states that the UNCRC consists of 41 articles each of which details a different type of right. A common approach is to group these articles together under themes. This study will focus on the survival rights as well as the protection rights which deal with child protection.

Survival rights according to the UNCRC (1990) include the child's right to life and the needs that are most basic to existence, such as nutrition, shelter, an adequate standard of living, and access to medical services. It is further stated in the UNCRC (1990:2) that protection rights ensure children are safeguarded against all forms of abuse, neglect and exploitation, including protection and rehabilitation for children who are survivors of child maltreatment. In addition, in a speech by Honourable Brandson (2010) in the family, school and community, children should be fully protected so they can survive, grow, learn and develop to their fullest potential. Furthermore, Ruppel (2006:42) emphasises that Article 6 of the UNCRC which is the right to survival and development, permeates the entire Convention. It is the foundation of all other rights. Realisation of this right is also a fundamental outcome of successful human rights protection.

According to Ruppel (2006:42) it is anticipated that each child should be able to have the basic needs as referred to and safeguarded in the UNCRC, unless a parent is unable to provide such needs because of circumstances beyond their control. Furthermore, Ruppel (2006) adds that children will only come to realise that they have the right to survival and development when the economic, social, cultural, political and civil rights of every child are adequately protected.

According to UNICEF (2009:3), "many children deal with violence, abuse, neglect, exploitation, exclusion and/or discrimination on a daily basis. Such violations limit their chances of surviving, growing, developing and pursuing their dreams". Therefore, a family is seen as the first line of protection for children. Parents or other caregivers are responsible for building a protective and loving home environment whereas schools and communities are responsible for building a safe and child-friendly environment outside the child's home (Viljoen 2007:38).

2.3.1.2 THE AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD (ACRWC)

Namibia signed the African Charter on the Rights and Welfare of the Child (ACRWC) on August 13, 1999 and it was ratified on 23 August 2004 (Bangamwabo 2010:9). The Charter proclaims that everyone is entitled to all the rights and freedoms recognised and guaranteed therein, without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status (Bangamwabo 2010:9). The ACRWC is further based on the Declaration of the Rights and Welfare of the African Child (1999), which recognises the need to take appropriate measures to promote and protect the rights and welfare of the African child ACRWC (1999).

The ACRWC (1999) developed because the member states of the African Union discovered that the UNCRC was missing important socio-cultural and economic realities particular to Africa. Africa is the only continent with a region-specific children's rights instrument (Yanca & Johnson 2008:6). The Children's Well-being: Indicators and Research (Ben-Arieh, Casas, Frønes & Korbin 2015) emphasises the need to include African cultural values and experiences when dealing with the rights of the child that typically challenge traditional African views that are often in conflict with children's rights, such as child marriages, parental rights and parental obligations towards children. For example, Yanca and Johnson (2008:6) state that children born out of wedlock are usually used in practices such as child marriages and cattle herding which keeps these children away from school and expose them to child labour.

The ACRWC (1999) recognises that children require particular care with regard to health, physical, mental, moral and social development, and legal protection in conditions of freedom, dignity and security. According to Caregiving Children (2015:1), the ACRWC considers that the promotion and protection of the rights and welfare of the child also imply the performance of duties on the part of everyone in society. According to Israel (2011:3) children occupy a unique and privileged position in African society and that for the full and harmonious development of the child's personality, the child should grow up in a family environment in an atmosphere of happiness, love and

understanding. The ACRWC has identified the following elements as important aspects in ensuring that the rights and welfare of a child are protected.

2.3.1.2.1 Parental Responsibility

Article 20 of the ACRWC (1999:2) who defines Parental responsibility as “all the rights, duties, powers, responsibilities and authority which by law a parent of a child has. Prevention of child maltreatment cannot be separated from parental responsibilities. Gershoff (2008:9) states that it is important to discuss parental responsibilities because literature proves that most of the child maltreatment, especially physical abuse, is done within the home where physical punishment is used to discipline a child.

Furthermore, both the UNCRC (1990) as well as the ACRWC (1999) emphasise the aspect of parental responsibility towards children in that parents have the responsibility to protect their children from any form of abuse (Feldhaus & Van der Heever 2013:36). Article 20 of the ACRWC states that parents or other persons responsible for the child shall have the primary responsibility of the upbringing and development of the child and shall have the duty to ensure that the best interests of the child are their basic concern at all times.

Furthermore, according to the Children’s Act 33 of 1960 a responsibility is placed on the parent and guardian to ensure that children are protected from maltreatment because parents and guardians are obliged to maintain their children if they have the means to do so. Feldhaus and Van der Heever (2013:37) add that it is the parents’ responsibility to secure, within their abilities and financial capacities, conditions of living necessary to the child's development and to ensure that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child.

2.3.1.2.2 Protection against Harmful Social and Cultural Practices

In research conducted at North West University in South Africa by Muyengwa (2014:65), it was mentioned that harmful social and cultural practices against children are both a global and local concern. Globally, millions of children are harmed by parents, guardians, and other adults. These practices are often motivated by cultural, social, and religious factors. According to the provisions in article 21 of the ACRWC

as stated in Muyengwa (2014:65) State Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular, those customs and practices prejudicial to the health or life of the child, including girls married very young or being forced to marry.

Furthermore, Article 21 of the ACRWC (1999) as well as Section 226(3) of the CCPA (2015) state that child marriage and the betrothal of girls and boys are prohibited and that effective action should be taken, including legislation, to specify the minimum age of marriage to be 18 years and to make registration of all marriages in an official registry compulsory. However it seems that to date not enough has been done concerning the protection of children in Namibia as according to Bangamwabo (2010:60) the situation still remains the same in Namibia as the Namibian children are trafficked within the country for domestic servitude and forced marriages as well as for agricultural labour, cattle herding, vending, and commercial sexual exploitation, including all customs and practices that discriminate against the child on the grounds of sex.

In some parts of Namibia customary marriages of children between the ages of 15 and 18 continue to take place. Nyambe (2007:2) confirms that “in spite of The Married Persons Equality Act 1 of 1996 that girls shall not be considered nubile between the ages of 15 and 18; young girls continue to be married at early ages while they should still be enjoying their childhood”. In effect both their childhood and their future are confiscated. Nyambe (2007:2) adds that “children are subjected to early pregnancies which contribute to the high mortality rate among this group due to complications following pregnancy or labour”. It is therefore, clear that Namibia still experiences challenges in the protection of children against harmful social and cultural practices besides the awareness raising campaigns which are embarked on (Chandan et al. 2008:8).

2.3.1.2.3 Sexual Exploitation of Children

Sexual exploitation of children can involve a range of crimes, including forcing or coercing a child to participate in sexual acts, pornography, street-based prostitution, internet-based exploitation, stripping, erotic massages, phone sex lines, interfamilial

pimping, or survival sex, which may involve giving money or something of value to the child (Israel 2011, Chandan et al. 2008:9). State Parties who ratified international policies are required to ensure the protection of children from all forms of sexual exploitation and shall in particular take measures to prevent the inducement, coercion or encouragement of a child to engage in any sexual activity (Nyambe 2007:1)

Legislation in Namibia that is in line with the UNCRC is the Combating Rape Act 8 of 2000 and the Combating of Domestic Violence Act 4 of 2003. These Acts, according to the African Child Policy Forum (ACPF) (2013:5), stipulate that the use of children in prostitution or other sexual practices and the use of children in pornographic activities, performances and materials and activities are prohibited in Namibia. The Combating of Rape Act 8 of 2000 stipulates that the age of consent being 16 years of age in Namibia, protects a child who is under the age of 16 from being sexually exploited regardless of whether consent was given or not. If a child is above 16 years of age, the aspect of the age difference is put into consideration and the nature under which the sexual activities took place e.g. force or intimidation.

To adhere to standards as set out in the Convention on the Rights of the Child, (1989) Namibia has linked its national law to ensure the protection of children from child maltreatment (Legal Assistance Centre 2010). The national acts that regulate the prevention of child maltreatment in Namibia will be addressed in the next section.

2.3.2 NATIONAL FRAMEWORKS REGULATING THE PREVENTION OF CHILD MALTREATMENT IN NAMIBIA

Since Independence in 1990, the Government of Namibia has made various efforts to strengthen children's rights. Namibia apart from signing and ratifying the international treaties discussed before, has also enacted legislation that govern the country in the area of the prevention of child maltreatment (Hinz & Ruppel 2008:1). These laws are the Children's Act 33 of 1960, the Child Care and Protection Act (CCPA) 3 of 2015, the Combating of Domestic Violence Act 4 of 2003 and the Combating of Rape Act 8 of 2000. These acts will be discussed in the next session.

2.3.2.1 CHILDREN'S ACT 33 OF 1960

One of the national laws that regulate the prevention of child maltreatment in Namibia

is the Children's Act 33 of 1960. This law is the old South African Law which will in the near future be replaced with the recently enacted Child Care and Protection Act 3 of 2015. According to Section 18(1) of the Children's Act 33 of 1960 any parent or guardian of a child or any person having the custody of a child who ill-treats, neglects or abandons that child or allows the child to be ill-treated, shall be guilty of an offence. Additionally, the Children's Act 33 of 1960 states that, a person is also guilty of an offence if as a result of the ill-treatment, neglect or abandonment, the child is likely to suffer unnecessarily or any part or function of its mind or body is likely to be injured or detrimentally affected.

Section 18 of the Children's Act 33 of 1960 applies even in cases where no such suffering, injury or detriment has in fact been caused. Section 18(1) of the Children's Act 33 of 1960 stipulates that child neglect is applicable when there is a mere likelihood of such suffering, injury or detriment to be averted by the action of another person. Any person legally liable to maintain a child who, while able to do so, fails to provide that child with adequate food, clothing, lodging and medical aid shall be guilty of an offence (Republic of Namibia, 1960)

The Children's Act 33 of 1960 also serves as an early intervention strategy whereby it protects children from ill-treatment, neglect and abandonment based on the mere likelihood of the abuse happening due to the acts of a parent, guardian or any custodian (Republic of Namibia 1960). Myers (2010:60) points out that child neglect refers to the failure of a parent or custodian of a child to provide in the basic needs of a child. Myers (2010:60) adds that this is in cases where the parent is in a position to provide in one or more of the following areas; health, education, emotional development, nutrition, shelter and safe living conditions but fails to do so. Therefore, neglect is distinguished from circumstances of poverty in that neglect cannot occur in cases where reasonable resources are not available to the family or caregiver.

2.3.2.2 CHILD CARE AND PROTECTION ACT (CCPA) 3 OF 2015

The Child Care and Protection Act (CCPA) 3 of 2015 was passed in the Namibian Parliament on 4 March 2015 and once implemented will replace the Children's Act of 1960 (Legal Assistance Centre 2010). However, the CCPA 3 of 2015 has not yet been

implemented because the regulations and guidelines in terms of the Act are still in the process of being finalised by the Ministry of Gender Equality and Child Welfare.

The CCPA 3 of 2015 serves as a legal framework to give effect to the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (1999) and to provide for other incidental matters (Republic of Namibia 2015:156). In this instance Section 226 (1) of the CCPA 3 of 2015 can be used as an example. This section states that a person may not subject a child to social, cultural and religious practices that are detrimental to his or her well-being (Republic of Namibia 2015:156). Section 226 (2) further states that a person may not give a child out in marriage or engagement if such a child does not consent to the marriage or engagement or are below the minimum age for marriage (Republic of Namibia 2015:156). The CCPA 3 of 2015 thus brings in line the Namibian law with the rights and principles of the African Charter on the Rights and Welfare of the Child (ARWC) on protection of children from social, cultural and religious practices which are harmful to children.

Furthermore, the CCPA 3 of 2015 provides for additional measures for the protection of children. Section 228 the CCPA 3 of 2015 regulates corporal punishment by prescribing that a person may not administer corporal punishment to a child at any residential child care facility, place of care, shelter, early childhood development centre or a school (Republic of Namibia 2015:157). This applies to all children whether attending a state or private school, or to a child in foster care, prison, police cell or any other form of alternative care resulting from a court order (Republic of Namibia 2015:157).

The CCPA 3 of 2015 also makes provision for prevention and early intervention services in relation to children and for measures relating to children in need of protective services (Republic of Namibia 2015:93). This provision will be discussed in Chapter three. The Combating of Domestic Violence Act 4 of 2003 will be discussed in the next section. This Act regulates maltreatment of a child in a domestic environment. The Children's Act 33 of 1960 did not include regulations concerning the maltreatment with regard to children in a domestic environment; therefore the Namibian government enacted this Act in order to prevent child maltreatment in the home.

2.3.2.3 COMBATING OF DOMESTIC VIOLENCE ACT 4 OF 2003

The Combating of Domestic Violence Act 4 of 2003 provides for the issuing of protection orders in matters of domestic violence and matters relating to domestic violence offences in an attempt to prevent child maltreatment in Namibia (Republic of Namibia 2003:5). The regulations in this Act were not included in the Children's Act 33 of 1960 (Republic of Namibia 2003). Furthermore the Children's Act 33 of 1960 did not define in detail the forms of abuse (Republic of Namibia 2003:1). Therefore Namibia developed its own law to protect persons, including children, who found themselves in domestic violence relations. The Combating of Domestic Violence Act 4 of 2003 defines what is seen as abuse in the Namibian context. For the sake of this study the sections which are applicable to children will be highlighted.

According to Section 2(1) "Domestic Violence" is defined within the context of a domestic relationship, as engaging in any acts or courses of conduct (Republic of Namibia 2003:6) as will be discussed more fully.

Physical abuse according to the Combating of Domestic Violence Act 4 of 2003 (Republic of Namibia 2003:7), includes physical assault or any use of physical force against the complainant and/or forcibly confining or detaining the complainant. It also refers to physically depriving the complainant of access to food, water, clothing, shelter or rest. According to Hubbard and Wise (2008:6) "physical abuse is the second most common form of child maltreatment in Namibia after neglect". Legal definitions vary from country to country, but, broadly, the physical abuse of a child is any physical act by a caregiver that results in a child being hurt or injured. Pekarsky (2014:10) adds that children who are physically abused can develop child traumatic stress. They are also at risk for depression and anxiety. However, child abuse has been linked to poor physical, emotional and mental development.

According to the Combating of Domestic Violence Act 4 of 2003 (Republic of Namibia 2003), sexual abuse includes, forcing the complainant to engage in any sexual contact, engaging in any sexual conduct that abuses, humiliates or degrades or otherwise violates the sexual integrity of the complainant, exposing the complainant to sexual material which humiliates, degrades or violates the complainant's sexual integrity, or

engaging in such contact or conduct with another person with whom the complainant has emotional ties.

According to the Maintenance Act 9 of 2003, economic abuse includes the unreasonable deprivation of any economic or financial resources to which the complainant, or a family member or dependent of the complainant is entitled to under any law (Republic of Namibia 2003). Economic abuse in Namibia is regulated by the Maintenance Act 9 of 2003 which further provides that parents have the legal duty to maintain their children unless their social circumstances do not allow them to do so, for example if they are unemployed and do not have any means to support their children. According to Section 266 of the Maintenance Act 9 of 2003 both parents of a child are liable to maintain that child regardless of whether the child in question was born inside or outside the marriage of the parents and whether the child was born of a first, current or subsequent marriage.

Carey (2015:1) defines emotional abuse as behaviour, speech, and actions of parents, caregivers, or other significant people in a child's life that have a negative emotional impact on the child. Emotional abuse according to the Combating of Domestic Violence Act 4 of 2003 is defined as any pattern of conduct that seriously degrades or humiliates the complainant or a family member or dependent of the complainant, or deprives such person of privacy, liberty, integrity or security.

According to Regulation 2 of the Combating of Domestic Violence Act 4 of 2003 a person psychologically abuses a child if that person repeatedly causes or allows that child to see or hear the physical, sexual, or psychological abuse of a person with whom that child has a domestic relationship or puts that child, or allows that child to be put at risk of seeing or hearing the abuse (Republic of Namibia 2003). In addition, intimidation can be seen as a form of emotional abuse. Intimidation refers to the intentional inducing of fear in the complainant, or a family member or dependent of the complainant by committing physical abuse against a family member or dependent of the complainant, by threatening to physically abuse the complainant, or a family member or dependent of the complainant and by exhibiting a weapon (Republic of Namibia 2003).

Once it has been established that there is abuse or that there is a threat of abuse, the Combating of Domestic Violence Act 4 of 2003 provides for the prevention of

maltreatment through the obtaining of protection orders and for the perpetrator to be warned (Republic of Namibia 2003). In the next section the Combating of Rape Act 8 of 2000 will be discussed.

2.3.2.4 THE COMBATING OF RAPE ACT 8 OF 2000

The Republic of Namibia's Combating of Rape Act 8 of 2000 has been hailed as one of the most progressive laws on rape in the world (Legal Assistance Centre 2006:1). The Combating of Rape Act 8 of 2000 contains a broad, gender-neutral definition of rape which covers a range of sexual acts committed in "coercive circumstances", thus moving away from requiring proof of "absence of consent" which has historically made the rape survivor feel as if he/she was the one on trial. The Republic of Namibia's Combating of Rape Act 8 of 2000 sets stiff minimum sentences for rape, acknowledges the fact that rape can occur within marriage, and gives increased protection to children, both girls and boys.

There is no definition in the Children's Act 33 of 1960 or in the Combating of Domestic Violence Act 4 of 2003 for what is meant by a sexual act (Legal Assistance centre 2008:2). However, the Combating of Rape Act 8 of 2000 provides very thorough descriptions of what is meant by a sexual act as well as cohesive circumstances (Legal Assistance centre 2008:2). According to Section 1 of the Republic of Namibia's Combating of Rape Act 8 of 2000, "A Sexual Act" is defined as the insertion (to even the slightest degree) of the penis of a person into the vagina or anus or mouth of another person.

The Combating of Rape Act 8 of 2000 also defines a "Sexual Act" as the insertion of any other part of the body of a person or of any part of the body of an animal or of any object into the vagina or anus of another person, except where such insertion of any part of the body (other than the penis) of a person or of any object into the vagina or anus of another person is consistent with sound medical practices carried out for proper medical purposes (Republic of Namibia 2000).

A "Sexual Act" is furthermore also defined in the Combating of Rape Act 8 of 2000 as, cunnilingus or any other form of genital stimulation (Republic of Namibia 2000). According to Section 4 (1) of the Combating of Rape Act 8 of 2000 (Republic of

Namibia 2000), any person in this Act referred to as a perpetrator who intentionally under coercive circumstances commits or continues to commit a sexual act with another person or causes another person to commit a sexual act with the perpetrator or with a third person shall be guilty of the offence of rape.

According to the Ministry of Gender Equality and Child Welfare (2009:5), in order to protect the survivors from perpetrators to enable them to testify in court freely, the needs of the rape survivor such as increased protection for the survivor's privacy and new procedures to ensure that the rape survivor has an opportunity to place information before the court at the bail hearing is provided for in the Combating of Rape Act 8 of 2000. To strengthen the workings of the Combating of Rape Act 8 of 2000, the Criminal Procedure Amendment Act 24 of 2003 ensures that special arrangements are made for children who may be intimidated by a perpetrator so that the affected children may freely testify in court (Republic of Namibia 2003).

2.4 THE ECOLOGICAL PERSPECTIVE AND THE PREVENTION OF CHILD MALTREATMENT

The ecological perspective puts into context human behaviour and social functioning in an environment whereby personal, family, and environmental factors interact to influence the family (Van Wormer 2007:127). According to literature, child maltreatment is viewed as the consequence of the interplay between a complex set of risk and protective factors at the individual, family, community, and society levels (Friedman & Allen 2014).

The initial concept of systems embedded in the ecological perspective was founded in the late 1970s by Urie Bronfenbrenner (1979) with his well-known systems theory (Nicholas, Rautenbach & Maistry 2010:41). The systems theory was an extension of Lewin's (1951) equation, demonstrating that behaviour is deemed to be a function of the person and the environment. According to Paquette and Ryan (2009:1), Bronfenbrenner extended this theory further through recognising the existing layers of systems and the impact these had on each other.

In addition Paquette and Ryan (2009:1) stated that further expressions and developments of the ecological perspective were conceptualised toward not only

understanding behaviour, but also guiding behaviour interventions such as Skinner (1948) who introduced his Operant Learning Theory with his primary model being that of the person-in-environment concept meaning that the “person’s development is profoundly affected by events occurring in settings in which the person is not even present”. According to Mizikaci (2006:36), Skinner believed that there were specific reinforcers and cues in the environment which directly controlled behaviour.

Friedman and Allen (2014:9), stipulate that, “human development cannot be seen in isolation but must be viewed within the context of the individual’s relationship with the environment”. According to French (2007:6) Urie Bronfenbrenner developed the ecological perspective to explain how everything in a child's environment affects how a child grows and develops. Currently the theories concerning the reasons for (or etiology) child maltreatment draw heavily on Urie Bronfenbrenner’s ecological theory of human development (French 2007:6).

In a research study by Aucamp, Steyn & Van Rensburg (2014) reference is made to Bronfenbrenner who indicated in his literature that in context of a family, there may be forces affecting the parental subsystem that trickle down to affect the children without the children being aware of them, for example, if a parent is experiencing stress at work and displaces his or her frustration at home by yelling at the children (One may see how events outside the child’s immediate environment may exert a pronounced effect on the child’s development (Krug et al. 2006:12).

According to Johnson and Rhodes (2005) the ecological perspective considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence whereby it shows how overlapping rings in the perspective illustrate how factors at one level influence factors at another level (Johnson & Rhodes 2005). Apart from helping to clarifying these factors, the perspective also suggests that in order to prevent violence, it is necessary to act across multiple levels of the perspective at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention (Krug et al. 2006:40).

The ecological, or ecosystem perspective was introduced to social work by Caryl Chessman cited in (Johnson & Rhodes 2005:20) as a way to augment the systems theory and present the environment as something other than a static stage on which life was enacted. The ecological perspective is much less abstract than the systems theory, but has employed many of the concepts associated therewith (Johnson & Rhodes 2005:20).

Presently, the ecological perspective provides strategies that allow the social worker to move from a micro level of intervention to a macro level of social work intervention (Bolen et al. 2008:342). The ecological perspective not only helps the social worker impact a client system through policy and planning activities, but also through counselling and other micro level strategies (Bolen et al. 2008:342). Thus, direct and indirect practice strategies for intervention can be combined into a congruent practice orientation when working with a client system through the ecological perspective (Pardeck 2015:134). Furthermore, literature shows that present thinking on the ecological perspective suggests that the primary premise explaining human problems is comes from psychological, social, economic, political and physical forces (Pardeck 2015:134).

Even three decades ago, it was asserted that child maltreatment should be considered from an “ecological perspective”. This simply means, as per Urie Bronfenbrenner, that families should be viewed within the framework of “individual factors, to community issues and broader social contexts” (Bolen et al. 2008:342). This ecological perspective has the potential to positively impact child maltreatment in general, but with regards to this recurrence, once there is a documented case of maltreatment, the causal factors can be dissected and interventions can be applied that are uniquely targeted to each case (Pardeck 2015:134).

Utilising the ecological perspective Miller (2007:2) are helpful in conceptualising the historical, cultural, environmental, structural, and individual level factors that influence a social problem and impede individuals’ and communities’ abilities to adapt. In essence, the social worker can easily shift from a clinical role to a policy and planning role within the broad framework of the ecological perspective (Johnson & Rhodes 2005:21). However, Bronfenbrenner labeled different levels of the environment that

influence children's development, as microsystem, the mesosystem, the exosystem, and the macrosystem (Miller 2007:2). These aspects are also referred to in social work as “person in environment” (Friedman & Allen 2014:9). The levels of environment are discussed in the next section.

2.4.1 LEVELS OF ENVIRONMENT THAT INFLUENCE CHILD DEVELOPMENT

Familiar demarcation of systems in social work involves the designation of particular social systems as being on a microsystem, mesosystem, or macrosystem level depending on the system size and complexity (Friedman & Allen 2014:15). Urie Bronfenbrenner (2006-2005) according to Van Rensburg (2014:30) states that microsystems are understood to refer to small-size social systems, such as individuals and couples. Mesosystems focus on immediate systems, including groups, support networks and extended families (Van Rensburg 2014:30). Macro systems therefore refer to large systems, such as communities and organisations (Friedman & Allen 2014:15).

According to Van Rensburg (2014:30), this differentiation of systems by size can be somewhat arbitrary, depending in part on the social worker's perspective as well as the organisational context (and its purpose) in which he or she practices. Van Rensburg (2014) cites an example stating that an organisation can be viewed from a macro perspective or it can be viewed as a meso-unit within the context of its broader community and its political context (Bronfenbrenner, 2006-2005). The following discussion explains how social workers can operate at each level of intervention.

2.4.1.1 THE MICROSYSTEM LEVEL

According to Bronfenbrenner (1979:3), the microsystem is the small, immediate environment children live in. According to Child Line India Foundation (2008:32), children's microsystems will include any immediate relationships or organisations they interact with, such as their immediate family or caregivers and their school or day care. How these groups or organisations interact with children will have an effect on how the children develop; the more encouraging and nurturing these relationships and places are, the better the children will be able to develop and there would be a reduction in child maltreatment.

Furthermore, how children act or react to the people in the microsystems will affect the treatment children receive. According to Johnson and Yanca (2007) children's special genetic and biologically-influenced personality traits, known as temperament, end up affecting how others treat them. Seeing that case work is often designed to promote attitudes, beliefs and behaviours that ultimately prevent violence through individual counselling (case work) authors Johnson and Yanca (2007) and Sincero and Mae (2012:14) assert that "social workers use the case work method of intervention at this level which is designed to affect an individual's social and cognitive skills and behaviour, and include approaches such as counselling, therapy, and educational training".

Mason (2011:47) states that casework is regarded as the one method of the social work profession that offers an opportunity for providing an individualised service. Child Line India Foundation (2008:35) stipulates that micro practice is based on various theoretical orientations, but that the ultimate goal in micro practice for social workers would thus be to engage with a client, in this case the family of an abused child, through a relationship process, essentially case work.

2.4.1.2 THE MEZOSYSTEM LEVEL

The next level according to Bronfenbrenner (1979:4) is the mesosystem. The mesosystem describes how the different parts of a child's microsystem work together for the sake of the child, for example, if caregivers play an active role in the schooling of their child, such as attending parent-teacher meetings and attending sports events, this active role will help ensure the child's overall development (Zamkowska 2015:5). In contrast, if a child for instance has two sets of caretakers, i.e. a mother with stepfather and a father with stepmother, and they disagree on how to best raise the child and in the process teach the child conflicting lessons, this action will hinder the child's development in different channels and could possibly lead to the maltreatment of the child (Zamkowska 2015:5). In circumstances like this, a social worker would work closely with the family to address the conflict and to prevent the maltreatment of a child (Johnson & Yanca 2007:406).

Dahlberg et al (2002:38) state that social workers utilise the group work method at this level of intervention where the social worker works in groups with the family as well as the child's peers. Dahlberg et al. (2002:38) add that group work may include mentoring

and introducing peer programs designed to reduce conflict to foster problem-solving skills and to promote healthy relationships.

According to Sincero (2012:14), interventions could include counselling for families where there is child maltreatment and parenting training for new mothers and parents who are at risk of child maltreatment. Sincero (2012:14) furthermore shows that social workers use group work at this level of the ecological perspective whereby parenting training and family counselling can be used as a means of child maltreatment prevention.

Group support is one of the important functions of social relationships and social networks (Jamner & Stokols 2000). This is to say that social networks provide a system of support for the family as well as children who are victims of child maltreatment (Barlow & Durand 2012:69). Moreover, the primary aim of group work is to help children as well as parents to view their situation differently by listening to the experiences of other children and other parents as this promotes optimal functioning and development and can be extremely valuable for children who are at risk of child maltreatment.

2.4.1.3 THE EXOSYSTEM LEVEL

The exosystem level includes other people and places that children may not interact with often but that will still have a large effect on them, such as parents' unemployment, poverty and crime. For example, if a child's parent(s) gets laid off from work, it may have negative effects on the child if they are unable to pay rent or to buy groceries (Barlow & Durand 2012; Johnson & Yanca 2007 cited in Ward, Brown & Hyde-Dryden 2014:39). However, if the parent receives a promotion and a raise at work, this may have a positive effect on the child because her parents will be better able to provide for their physical needs (Ward, Brown & Hyde-Dryden 2014:39).

At this level of intervention, social workers usually work with communities that may affect the child directly or with groups that indirectly contribute to the prevention of child maltreatment (Bronfenbrenner 1979:3). According to Ornel (2006:23), in social work the community work method would be used so that social workers would work with the community in order to raise awareness and educate and determine solutions to the problems faced in the community where the child lives. For instance in the case of

child maltreatment there would be public awareness campaigns that focus on providing information about child maltreatment, how to identify maltreatment and where to report cases thereof.

Ward et al. (2014:39) state that the social worker works with the community to determine the causes of child maltreatment and to advise them about what they can do to prevent maltreatment. Thus, according to Ornel (2006:23), the social worker makes use of community meetings and community campaigns as well as mass media as methods of interventions when working with the community.

2.4.1.4 THE MACROSYSTEM LEVEL

The fourth level of the ecological perspective is the macrosystem. The macrosystem is the largest and most remote set of people and things to a child, but which still has a great influence over children (Oswalt 2008:32). The macrosystem includes the relative freedoms permitted by the national government, cultural values, the economy, and wars (Cavanaugh 2010:8). Needs presented at this level are slightly more difficult to identify and to assess than those of the other three levels due to the fact that the policy environment comprises of a broader cultural, political and ideological framework that serves to influence the functioning of the three previously discussed systems (Bronfenbrenner 1979:3; Fisher 2005:1524; Johnson & Yanca 2007:13).

Nevertheless, Fisher (2005) emphasises that social workers' prevention strategies at this level are typically designed to impact the climate, processes and policies in a given system. Cavanaugh (2010:8) shows that social norms and social marketing campaigns are often used to foster community climates that promote healthy relationships such as community meetings and awareness raising campaigns through mass media such as television and radio.

Johnson and Yanca (2007:50) state that, "At this level of intervention, social workers usually engage in campaigns and advocacy for policy implementation and changes in order to foster change in the community." For example, the Ministry of Gender Equality and Child Welfare in Namibia together with other stakeholders developed the National Agenda for Children in Namibia that serves as a call to action to put the constitutional mandate on the rights of children into implementable strategies. The National Agenda

for Children (Republic of Namibia 2012:2) states that the agenda is anchored on five pillars; namely, health and nourishment; early childhood development and schooling; prevention, treatment, care and support; adequate standard of living and legal identity; and protection against neglect and abuse.

2.4.1.5 THE CHRONOSYSTEM LEVEL

According to Yingst (2011:1) Bronfenbrenner later added the chronosystem, which is made up of all the other levels. Urie Bronfenbrenner referred to the chronosystem as the way that each level has an influence on the one before and after it, in a back and forth motion. According to Fisher (2005:20) the chronosystem encompasses the dimension of time in relation to the child's environment. Yingst (2011:1) adds that, the chronosystem also pertains to the historical context of the time the child is reared in. For example, a great technological discovery, a war, or times of great economic trouble can all impact on the child's development. Another example according to Yingst (2011:1) is that when families are faced with great stressors and trauma such as war or economic trouble, these situations could lead to child maltreatment.

Elements within the chronosystem can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child (Oswalt 2008:32). Family dynamics need to be framed in the historical context as they occur within each system, specifically the powerful influence that historical events in the macro system have on how families can respond to different stressors (Ward et al. 2014:41). Bronfenbrenner suggests that, in many cases, families respond to different stressors within the societal parameters existent in their lives (Fisher 2005:20).

2.5. THE SYSTEMS THEORY

A system according to Fawkes (2012:11) can be defined as a comparatively bounded structure consisting of interacting, interrelated, or interdependent elements that form a whole. Systems thinking theorists argue that the only way to fully understand behaviour or an occurrence is to understand the parts in relation to the whole. Thus, systems thinking, which is the process of understanding how things influence one another within a whole, is central to ecological models. In addition Wuczyn et al. (2010)

define a system as a collection of components or parts that are organised (i.e. connected to each other) around a common purpose or goal. The common purpose is critical to how one defines the system because the purpose is related to how one identifies the structures, functions, and capacities needed to meet the purpose (Wuczyn et al. 2010).

Generally, Friedman and Allen (2014) are of the opinion that a system is a community situated in an environment. Fawkes (2012:12) gives an example of systems such as health systems, economic systems, education systems and food systems. According to Friedman and Allen (2014), it is important to understand that the term which originated with Von Bertalanffy's conception of systems theory was one of organisation. Von Bertalanffy saw systems theory as a method of organising the interaction between component parts of a larger organism (Friedman & Allen 2014). Since it was a way of organising information rather than explaining observations, it was easily adaptable to many different scientific fields, including psychology, psychiatry, sociology and social work (Reid 2002:79). "The important distinction among the various fields adopting these principles was how they used other theories to explain the interaction within the organism. Thus, Systems theory is an organizational theory that looks at interactions between systems." (Reid 2002:79).

2.5.1 SYSTEMS THEORY AND THE PREVENTION OF CHILD MALTREATMENT

Sources such as Save the Children (2009) and UNICEF (2006) maintain that child protection systems have certain structures, functions and capacities, among other components, that have been assembled in relation to a set of child protection goals. According to Wulczyn et al. (2010:25) when thinking about the systems theory of child protection, it is important to remember the highly interactive nature of the parts in relation to the whole in a given context. Systems work best when symmetry exists between the system's goals, its structures, functions and capacities and the normative context in which it operates (Wulczyn et al. 2010:25).

Furthermore, all systems are nested within other systems (Mizikaci 2009:45). That is, a given system (e.g. the child protection system) has embedded within its boundaries

other systems (e.g. foster care, child protective services reporting, case management). As a system, the child protection system also exhibits a nested structure; children are raised in the context of a family, which has a duty to protect their children (UNICEF EAPRO 2009). The family itself is nested within the family system, which is nested within a local community (itself a system) and the wider social/societal system (Stevens 2008; Mulroy 2004). Sometimes the nested structure of children, families, and communities is portrayed as a series of concentric circles (UNICEF EAPRO 2009).

The nested, interdependent nature of children, families, and communities is a key element of the ecological perspective advanced by Bronfenbrenner (1979). With respect to child protection systems, actors at each level (child, family, community, etc.) play a vital role in shaping what the system looks like in its totality. Moreover, the strength of the system depends on effective interaction across various system levels (Friedman & Allen 2011).

2.6. CONCLUSION

Child maltreatment takes the form of sexual abuse, physical abuse, emotional abuse and neglect. The government of Namibia has identified child maltreatment as a serious concern in the country and warrants efforts for prevention thereof at all levels of society through Acts, Policies and Treaties. In this regard the Government of Namibia has further ratified the United Nations Convention on the Rights of the Child (UNCRC) (1989) and the African Charter on the Rights and Welfare of the Child (ACRWC). Namibia is also still applying old South African law namely the Children's Act 33 of 1960 until such time as the Child Care and Protection Act (CCPA) 3 of 2015 is implemented. Furthermore the Namibian Combating of Domestic Violence Act 4 of 2003 and the Combating of Rape Act 8 of 2000 are at the disposal of the government.

The ecological perspective with regard to prevention of child maltreatment was also discussed and it was seen that this model is an extension of Lewin's (1951) equation, demonstrating that behaviour is deemed to be a function of the person and the environment. Bronfenbrenner (1979:3) extended this further through recognising the layers of systems that exist and serve to have an impact on each other. Further expressions and developments of the ecological perspective were conceptualised toward not only understanding behaviour, but also guiding behaviour interventions.

The microsystem, mesosystem, exosystem, macro system and the chronosystem were also discussed. The Welfare services rendered by social workers in child maltreatment prevention in Namibia will be addressed in Chapter three.

CHAPTER THREE

CHILD MALTREATMENT PREVENTION SERVICES RENDERED BY SOCIAL WORKERS

3.1 INTRODUCTION

This chapter aims at discussing the services rendered by social workers in the implementation of child maltreatment prevention. The social work profession has been involved with the child welfare system for a long time, working to support thousands of children and their families who are victims of child maltreatment every year (The National Association of Social Workers 2009:1). Each day, children's safety and well-being around the world are threatened by child maltreatment (DePanfilis 2006:9). In Washington DC, intervening effectively in children's lives and their families is not the responsibility of any single agency or professional group, but is rather a shared community concern and responsibility (The National Association of Social Workers 2009).

The Centre for Disease Control and Prevention (CDCP) (2014:1) in Atlanta states that child maltreatment is recognised as a serious public health problem with severe short and long term health related consequences. The aim of child maltreatment prevention is to stop child maltreatment from happening in the first place. The CDCP established that child abuse is a complex problem rooted in unhealthy relationships and environments. Safe, stable and nurturing relationships and environments for all children and families can prevent child maltreatment (CDCP 2014:1)

Prinz, Sanders, Shapiro, Whitaker and Lutzker (2009:84) agree with the CDCP as they emphasise that, "Preventing child maltreatment means influencing individual behaviours, relationships among families and neighbours, community involvement, and the culture of a society". Furthermore, the National Association of Social Workers (2009:42) in Washington DC adds that prevention should be at the front end of all interventions by social workers which makes social workers in the forefront of protecting children and helping them living in safe environments. However, in a research study conducted by the British Association of Social Workers and Social Workers Union (2012:2) it was discovered that social workers are usually

overburdened with high caseloads and administrative work leaving them with less time to fulfil the important prevention work whilst receiving low pay when compared to other professions.

Social workers working in child welfare in Namibia are tasked with the responsibility of ensuring care and protection of children by doing early intervention and prevention as well as treatment of children who may be in danger of maltreatment or have been involved in any type of maltreatment (Ambunda & Mugadza 2011:12). Nevertheless, social workers in Namibia as well as other countries experience challenges in the prevention of child maltreatment such as high staff turnover, high foster care caseloads, multiple role responsibilities, shortage of social workers, shortage of mobile facilities and shortage of places of safety for the protection of children (Ambunda & Mugadza 2009:12). These challenges make it difficult for them to do prevention work, thus social workers focus more on the treatment of maltreated children.

In this chapter, the second objective of this research will be achieved, which to identify the services rendered by social workers in the prevention of child maltreatment. To achieve this objective, the different services that could be rendered will be discussed at three levels of prevention i. e. the primary level, the secondary level and the tertiary level. Reference will be made to the role of social workers according to the Children's Act 33 of 1960, the Child Care and Protection Act 3 of 2015, the Combating of Domestic Violence Act 4 of 2003 and the Rape Act 8 of 2000. Existing challenges experienced by social workers in implementing child maltreatment prevention services will be highlighted. In order to fully understand the services rendered by social workers at different levels of intervention, it is important to note the role of early intervention services in the prevention of child maltreatment. Therefore, the concepts of early intervention and prevention services will be discussed.

3.2. EARLY INTERVENTION AND PREVENTION SERVICES

According to literature, 'prevention' refers to strategies or programmes that prevent or delay the onset of health and behaviour problems (Williams et al. 2011:93). According to The Child Care and Protection Act (CCPA) 3 of 2015 prevention services are services provided to families with children, in order to strengthen and build their capacity and self-reliance in addressing problems that are bound to occur in the family environment (Republic of Namibia 2015).

On the other hand, early intervention services refer to strategies and programmes that reduce the harm and health consequences of behaviours that have been initiated (Williams et al. 2011:93). The Ministry of Gender Equality and Child Welfare in Namibia (2014:1) further defines early intervention services as services provided to families where there are children identified as vulnerable to or at risk of harm or removal to alternative care. Williams et al. (2011:93) further states that early intervention services could also help prevent the child from developing emotional or behavioural problems in the future.

The Namibian Child Care and Protection Act (CCPA) 3 of 2015 (Republic of Namibia 2015) regulates that social work services should aim at preserving a child's family structure, develop appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of their children. According to Chapter 9 (Section 130) of the Child Care and Protection Act 3 of 2015, early intervention services also aims at stabilising appropriate interpersonal relationships within the family, promoting the well-being of children and the realisation of their full potential, and to prevent child neglect, abuse or inadequate supervision of children.

Furthermore, section 130 states that early intervention also prevents other failures in the family environment to meet children's needs. In agreement to the provisions in the CCPA 3 of 2015 (Republic of Namibia 2015), South African authors Zaal and Matthias, (2007:123) put emphasis on the aims of prevention and early intervention services which is "to prevent the recurrence of problems in the family environment that may harm children or adversely affect their development and avoid the removal of a child from the family environment". Nevertheless, the Ministry of Gender Equality and Child Welfare (2014:1) states that early intervention and prevention services are services designed to protect and reduce the risk of violence or other harm in the family environment.

The Namibian Government has provided for early intervention services in the Child Care and Protection Act (CCPA) 3 of 2015, where it states that the responsible Minister of Child Welfare in Namibia must ensure that prevention and early intervention services are provided to children and families. It further declares that the Minister may provide state funding to appropriate service providers for this purpose. Bakermans-Kranenburg, Van Ijzendoorn and Juffer (2005) cited in Legal Assistance Centre of

Namibia (2006:2) state that identifying children who are at risk and targeting their families for early intervention and prevention services could help prevent child maltreatment.

According to the Annual work plans of the Ministry of Gender Equality (2013, 2014, 2015 and 2016) most of the prevention services planned are at a tertiary prevention level; such as placement of children in foster care, adoption assessments and placement of children in residential child care facilities, etc. Secondary prevention level activities are limited to group work with teenage mothers and pregnant mothers, school meetings with children focusing on educating them about child maltreatment and the procedures of reporting maltreatment as well as services available for children, and community meetings to inform parent groups. Services at the primary level of prevention are limited to mass media campaigns in the form of raising awareness of child maltreatment and services available for the community.

In a report by the Ministry of Gender Equality and Child Welfare (2009:27), it is indicated that the Child Care and Protection Act 3 of 2015 does not give a clear guideline on which early intervention and prevention services should be rendered at primary and secondary levels of prevention. The only prevention services indicated in the Act are services at a tertiary level of prevention. In Namibia the early intervention and prevention services are planned on a yearly basis by the Ministry of Gender Equality and Child Welfare. Furthermore, other initiatives by social workers are implemented by social workers during the course of the year as the need for them arises.

3.3 WELFARE SERVICES RENDERED BY SOCIAL WORKERS AT DIFFERENT LEVELS OF PREVENTION

Social workers have different roles at different levels of prevention. In Chapter two of this study, it was established that social workers work at different levels of the ecological perspective where they work with micro systems, mezzo systems, exosystems, macro systems and chronosystems. Since social workers also work with different systems at each level of prevention. For example, at the primary level of prevention social workers work with macro systems as well as chronosystems, at the secondary level of prevention, social workers work with exosystems and

mezzosystems and at the tertiary level of prevention, social workers work with microsystems as well as mezzosystems. They contribute greatly to the prevention of child maltreatment.

Reynolds and Robertson (2013:20) stipulate that in America, prevention services are greatly influenced by services that are rendered at three levels of prevention, namely primary prevention level, which can be directed at the general population (universal); secondary prevention level, which target individuals and/or families in which maltreatment is more likely (high risk); and tertiary prevention level, that targets families where abuse has already occurred.

In the next section the three levels of prevention and services rendered by social workers at these levels, are discussed, followed by a summary of the three main methods used by social workers in the implementation of prevention services.

3.3.1 Primary Prevention Level

Prevention services on the primary prevention level are targeted towards the whole community. These activities are meant to impact families and communities prior to any allegations of child maltreatment (Reynolds & Robertson 2013:20) and are directed at the general population in an attempt to stop the occurrence of maltreatment. Primary prevention services further seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment (De Panfilis 2006:17). All members of the community have access to and may benefit from these services.

Social worker programmes on the primary prevention level focus on increasing parents' knowledge and understanding of how children develop and what they can expect at each stage of child development, to enhance bonding and communication between parents and their children, to increase parents' skills in coping with the stresses of caring for children with special needs by inter alia strengthening family bonds, as well as facilitating the family's utilisation of formal and informal resources through facilitation of awareness raising programmes, public education, group education and linking families to necessary resources (Geeraert, Van den Noortgate, Grietens & Onghena 2004:35).

The delivery of primary prevention services to prevent child maltreatment is aimed at dramatically reshaping the environment and society's norms of taking care of children, such as use of physical punishment to discipline children or withholding food from children as a form of punishment (Reynolds & Robertson 2013:25). It is therefore clear that primary prevention services focuses on the whole community and that social workers work with macrosystems at the primary level of prevention where they use community work as a strategy for prevention.

According to Lesa (2012:55), it is generally held that successful strategies for preventing child maltreatment require intervention at all levels of society. However, research in a country such as Colombia shows that there is no consensus with researchers regarding which programmes or services should be offered to prevent child maltreatment. Partly, this is because research on the prevention of child maltreatment is limited by the complexity of the problem, the difficulty in measuring and interpreting the outcomes, and the lack of attention to the interaction among variables in determining risk status for subsequent maltreatment. According to Lesa (2012:8) a Namibian writer who refers to the U.S. Advisory Board who notes that although a broad range of programmes has been developed and implemented by public and private agencies at many levels in Namibia, little evidence supports the effectiveness of these programmes. The following are some of the services that could be provided by social workers in child protection at primary level of prevention.

3.3.1.1 Public awareness campaigns and education services

General public awareness campaigns and education foster public recognition of child maltreatment as an important social problem thereby altering parental behaviour. Research furthermore shows that using the media can be effective in disseminating prevention messages. The aim of public awareness and education services is to disseminate information on resources available for children and educational material on child maltreatment and to educate communities on children's rights and provide regular published newsletters and brochures featuring child protection programmes and services and information sources within and outside the county. Public awareness and education services also aim at providing community training related to child maltreatment and prevention (The U.S Department of Health and Human Services 2010:2).

By planning effective activities that are newsworthy, communities can help promote healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment. Therefore, public awareness campaigns and educational services can be part of an overall strategy to prevent child maltreatment creating community support and partnerships to prevent maltreatment (The U.S Department of Health and Human Services 2010:2).

Social workers and other service providers use a variety of media to promote services, such as public awareness campaigns and education services including public service announcements, press releases, posters, information kits and television or video documentaries and dramas. The social worker's role in this service is to raise awareness and to provide education on various maltreatment issues. This is done by using the community work method in social work (Caliber, David, Leicht, Hughe & Dowell 2008:9).

In promoting awareness of child maltreatment it is expected of social workers to work with community members and to explain how the community can assist to prevent child maltreatment through reporting any suspicion of maltreatment (Ministry of Gender Equality and Child Welfare Training Manual (2014:12).

According to the Annual work plans of the Ministry of Gender Equality and Child Welfare in Namibia, (2013, 2014, 2015) radio talk shows is an example of public campaigns used to raise awareness of child maltreatment. With radio talk shows social workers have a platform from which to address the public on child maltreatment, its causes and effects and how to prevent child maltreatment. The Legal Assistance Centre (2013:14) adds that social workers in Namibia work in close collaboration with the Ministry of Education concerning an awareness raising project in schools.

3.3.1.2 Family education classes in the community

Family and parent education classes are important preventative strategies that provide social support to families associated with child maltreatment. The social workers' roles are to organise and facilitate educational classes to families and parents in the community. The aim of the classes is to prevent child maltreatment and promote early childhood development. According to research done in Malaysia, parent education classes provide a platform where parents are taught how to overcome their fears of

being judged and/or stigmatised. Fear of being judged and/or stigmatised is a barrier that can prevent parents from seeking help and making use of informal support networks when they need it (Reynolds & Robertson 2013:26).

During parent education classes, social workers are non-judgmental when offering help and practical assistance, ensuring that parents are not labelled as bad (Reynolds & Robertson 2013:26). Furthermore, social workers assist parents to learn strategies of seeking help for their problems, thus mitigating the effects of stressors that cause them to abuse children. An example of a parent education class is a programme that teaches parents to both identify their support needs and to assertively ask for help, thereby reducing the risk of child maltreatment (Kissman 2005).

In Namibia parent education classes to prevent child maltreatment are provided by the Ministry of Health and Social Services as well as Lifeline Childline. Parenting programmes and substance abuse programmes offered by the Ministry of Health and Social Services (Ambunda & Mugadza 2009:42), are primary prevention services where parents are brought together in a group where their children might be living under maltreatment or are at risk of abuse because of the presence of violence or alcohol and drug abuse (Wilcox 2006:72).

3.3.1.3 Community partnerships

Community partnerships are seen as a strategy that could assist in preventing child maltreatment. With these partnerships social workers connect with community organisations, service providers, concerned neighbours, and family members in an effort to help prevent child maltreatment and to provide families in crisis with access to services and support (Reynolds & Robertson 2013:22). According to the World Health Organization (WHO) (2009:3) social workers work with families to increase their potential to solve their problems and to help them build and draw on natural support networks within their families and communities.

In Namibia community partnerships are developed through child care and protection forums (CCPF) consisting of different stakeholders from government as well as non-governmental organisations, depending on which constituency the forum is formed in and which organisations offering child protection services, are available in that community. Forum members act as eyes for the Ministry of Gender Equality and Child

welfare whereby they identify children who may be at risk of child maltreatment in order to link them to necessary resources in the community. The different stakeholders meet on a monthly or quarterly basis to discuss problems experienced by children in their communities, to report on children who have been identified to be in need and the service or actions taken to assist these children. The forum members also report suspicion of child abuse within their communities to the necessary service providers (Ministry of Gender Equality and Child Welfare 2014).

Community partnerships among parents, communities, and service systems are critical to the long-term success of families and for sustaining a vibrant, safe, and healthy community (WHO 2006:3). Successful community partnerships can benefit communities by strengthening families, extending the reach of limited resources, improving service access and delivery, enhancing relationships among public and private service providers and by creating community responsibility for child safety and family stability (United States Department of Health and Human Services 2010:5).

Social workers in the Ministry of Gender Equality and Child Welfare constantly network with other service providers offering other child maltreatment prevention services such as Lifeline Childline who also engage in awareness raising campaigns on child maltreatment and hold parenting groups that focus on parenting for prevention of child maltreatment (Ministry of Health and Social Services 2015:2).

3.3.2 Secondary Prevention level

At the secondary prevention level, services are offered to families who may be at risk of child maltreatment due to the prevalence of substance abuse, teenager pregnancies, special needs children, domestic violence issues, single parenthood, and low income (Geeraert et al. 2004:35). Therefore, programmes may direct services to communities or neighbourhoods that have a high incidence of any of the above factors. According to Chisholm (2012:29), at the secondary level of prevention, social workers know that working with a child means working with the whole family and with other environmental factors in a culturally competent way. In reference to the ecological systems perspective, social workers at this level work with exosystems in an effort to prevent child maltreatment. These systems may include people and places that children may not interact with often but that will still have a large effect on them, such

as parents' unemployment, substance use, poverty and crime (Johnson & Yanca 2007:35).

According to Ornel (2006:23) at this level of intervention, social work services may include parent education classes and training for at risk parents, respite care, and home visiting programmes. In Namibia, social workers at the Ministry of Gender Equality and Child Welfare work with communities at this level to prevent child maltreatment. Accordingly the different secondary prevention services will be discussed.

3.3.2.1 Parent support groups

At the secondary level of prevention, parent support groups are usually psycho-educational groups with at risk parents where the role of the social worker is to help parents deal with everyday stresses and meet the challenges and responsibilities of parenting through group work counseling and education (Hendrickson 2014:3). During these support groups, people give as well as receive help. The advantages of these groups are that they can serve as connections between families and their neighbourhoods and communities in the prevention of child maltreatment. They furthermore connect group members to available resources in their communities in order for them to share these resources (Nelson, Laurendeau & Chamberland 2008:7). Connecting parents to available resources allow parent support groups to go beyond the boundaries of the individual child and family to the parents' social network and community integration (Nelson, Laurendeau, & Chamberland 2008:7).

Authors indicate that parents develop ties in support groups between the individuals, the family and the community. This is supported by the view that it takes a village to raise a child (Theodore et al. 2005; Barth 2009; and Daro 2003). The ties and connections developed through parent support groups are not only important to social workers' understanding of child maltreatment but also for their strategies to prevent maltreatment, because with ties between individuals, families and communities come good support systems where communities will help each other to take care of children and uphold the rights of children (Marshall, Noonan, McCartney, Marx & Keefe 2001:12). It is therefore clear that the aim of parent support groups is to empower parents.

In Namibia, the mandate of social workers within the Ministry of Health and Social Services to conduct parent support groups works for parents who may be at risk of child maltreatment. Examples of these support groups are groups established for family members who abuse substances, teenage mothers, single unemployed mothers and mothers raising children with disabilities (Ministry of Health and Social services 2015:2).

3.3.2.2 Parent and child education groups

Parent and child education groups differ from parent support groups in the sense that parent and child education groups focus on the education of teen mothers in schools whereas parent support groups are more psycho-educational, in other words the focus is on providing solutions to the everyday stresses of parents in the community who may be at risk of child maltreatment (Centre for Disease Control and Prevention 2009:3). These educational groups are usually located in schools working with teenage parents, or within substance abuse treatment programmes for mothers and families with young children (Centre for Disease Control and Prevention in California 2009).

Barth (2009:16) states that topics discussed in these groups include discipline, cognitive development and parent-child communication. Group sessions provide opportunities where parents and children can discuss issues and share feelings and where parents can model the parenting skills they are learning. According to the Centre for Disease Control and Prevention in California (2009:3) parent and child education services range from education and information sharing to general support and therapeutic interventions. Many of the programmes are delivered under the facilitation of social workers and health care providers.

In Namibia, parent education groups are only provided by the Ministry of Health and Social Services. The social workers at the Ministry of Health and Social Services conduct educational groups for teenager parents and those within substance abuse treatment programmes. These groups are held at schools and hospitals (Ministry of Health and Social Services 2015:4).

3.3.2.3 Early childhood home visiting services

Early childhood home visiting programmes are services that help new parents gain knowledge of basic parenting skills by matching new families with trained providers, such as nurses, social workers or parent educators (Daro & Dodge 2009:6). In general, Harris (2010:58) states that the aim of early childhood home visiting services is to provide parents with information, emotional support, access to other services, and direct instruction on parenting practices, although programmes vary in how they achieve these goals and in the relative importance of the goals. According to Miller (2007:3), home visiting is an increasingly popular method for delivering services for families in the United States of America. Particularly for high-risk families with infants and young children, providing services within the context of the family's home appears to be a useful and effective strategy.

Furthermore, Howard and Brooks-Gunn (2010:25) state that some researchers have found little evidence that home visiting directly prevent child maltreatment. But home visits can impart positive benefits to families by way of influencing maternal parenting practices. For instance, the quality of the child's home environment, children's development and improved parenting skills, would likely be associated with improved child well-being and corresponding decreases in maltreatment over time. Howard and Brooks-Gunn (2004:13) also report that home visiting has its greatest benefits for low income and first time adolescent mothers. Theorists and policy makers alike believe strongly that home visiting can be a beneficial and cost-effective strategy for providing services to families and children.

Home visiting for the prevention of child maltreatment is not done in Namibia. However, social workers are mandated to conduct home visits when a suspicion of abuse has been reported. Nevertheless home visiting at secondary level of prevention is only done once a situation arises where a group of people who are prone to child maltreatment are identified and home visits are planned to investigate the nature of child maltreatment reported. Social workers assess the family circumstances and recommend prevention measures (Children's Act 33 of 1060).

3.3.2.4 Family resource centers

Family resource centers are centers that offer information and referral services to families living in low income neighborhoods in America as well as other parts of the world such as Africa and Australia. According to research, this service has been identified as one of the tools that assist to a certain extent in the prevention of child maltreatment at secondary level of prevention. These centers provide comprehensive educational support and family support to economically disadvantaged children and their parents as well as family who may be at high risk of child maltreatment (Promising Practice Network 2008:21).

According to Thomas et al. (2006:13) services provided at family centres include but are not restricted to, materials containing information for parent skill training, information regarding children's' homes, shelters and places of safety, information about substance abuse prevention, child protection services, services for children with special needs, mental health or family counselling, child care, literacy, respite and crisis care services, and assistance with basic economic needs as well as referral to these services.

In Namibia, there are no family resource centres that deal exclusively with families. However, the Ministry of Gender Equality and Child Welfare has placed administrators previously known as community child care workers, in the offices of constituency councillors. These officers are there to register vulnerable and orphaned children on the grant system as well as refer them to necessary resources that they require. This initiative has assisted the community in getting quick access to services urgently required. Furthermore the families are attended to by the identified service providers due to the fact that the referring officer is from a resource centre who would confirm whether they received help or were at least referred to other forms of resources (Ministry of Gender Equality and Child Welfare, 2010:100).

3.3.2.5 Respite and crisis care programmes

According to Miller (2007:57), respite care services provide short term care to children who have disabilities or chronic or terminal illnesses, who are in danger of child maltreatment, or who have experienced maltreatment. Caregivers such as parents,

foster or adoptive parents, relatives and guardians who find themselves in stressful situations may seek for respite care services to provide them with temporary relief from their responsibilities of caring for children in the home. Social workers encourage the use of respite care services in order for the parents to have their own space in which to deal with stress in order to prevent child maltreatment.

In Namibia respite care services are provided by private educational institutions, however there are no children's homes where children can overnight or be placed away from circumstances that may affect them and may result in their maltreatment. Daytime services are however available at Oponganda School for Children with Special Needs and Onyonse Special School and have yielded, to a certain extent, positive results in the prevention of child maltreatment for children living with disabilities or chronic illnesses (Rose-Junius, Tjapepua & De Witt 2006).

On the other hand, Miller (2007:58) differentiates Crisis Care from Respite Care stating that, Crisis Care is provided to children, with or without a disability, when the family is in crisis. Crisis Care services may be referred to as, "crisis respite, emergency respite, crisis nursery, crisis stabilisation or shelter care". Miller (2007:58) further states that when family caregivers are not able to take a break from constantly providing care and supervision for their children, their stress levels build up. This elevated stress can lead to increased incidences of abuse, divorce and out-of-home placement of the dependent family member. Respite services are provided in a variety of settings, within or outside of the family home. Services are generally short term (ranging from a few hours to a few weeks), and are provided on either a planned or an emergency basis.

Thomas et al. (2006) state that apart from respite or crisis care agencies, other family members, friends, neighbours, community recreation programmes, child or dependent care providers or centres, home health aides, family resource centres, and community human service providers and can also provide respite and crisis care services. In addition to care and supervision, many respite and crisis care providers offer a variety of support services to families, including referrals to other programmes, counselling, case management, meals, transportation, social activities, lodging, medications, personal care and assistance with activities of daily living (ARCH National Resource Centre, 2008).

In Namibia, the role of social workers in respite and crisis care services is to make referrals for children or families who may be in need of the services, to necessary resources. For example, social workers provide 48 hours detention orders for children to overnight in shelters and also develop recommendation letters for children to be accommodated to respite and crisis care providers in order to assist parents who are living in stressful situations (The Republic of South Africa 1960).

3.3.3 Tertiary Prevention level

Services at the tertiary prevention level consist of activities targeted to families that have confirmed or unconfirmed child maltreatment reports, as these families have already demonstrated the need for intervention and qualifies for child protection services. Tertiary prevention activities focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence (Chisholm 2012:65).

3.3.3.1 Parent and child support groups

Parent and child support groups at tertiary level of prevention are groups formed by social workers which are family centred programmes designed for the prevention and treatment of child maltreatment. At this level of prevention the parent support groups are focused on treatment for the purpose of prevention after maltreatment has taken place while at secondary level of prevention these support groups are more focused on psycho-education and are only open to parents. Both parents and children can take part in these sessions at home or at a selected venue suitable for group sessions (Malona 2015:2). Social work literature indicates that parent and child support groups focus on discussing topics such as, parents having inappropriate developmental expectations of children, addressing corporal punishment and spanking as parents' means of discipline, reversing the role responsibility of parents and children so that children learn to become the caregivers of their parents and both parties can develop insight into the role of the other partner (Malona, 2015:2). Other authors add that the group sessions should also focus on the rights and responsibilities of children and parents, good communication and child development (Olds, Donelan & Eckenrode 2009:389).

The aim of parent and child support groups is for parents and children to give individual self-worth, parental empathy and meeting their own adult needs in healthy ways other than corporal punishment of children. Other aims are parental empathy towards meeting the needs of their children and utilising non-violent disciplinary strategies (Olds et al. 2009).

In Namibia, social workers practice group work as a form of tertiary prevention after a suspicion of maltreatment has been reported or after maltreatment has taken place but where there is no need for removal of the child to a place of safety. These group sessions are usually hosted at the social workers office and home visits are done as monitoring and follow up of the progress during and after the group sessions (Ministry of Gender Equality and Child Welfare 2010:34). Social workers at women and child protection units in Namibia have initiated gender based violence support groups for survivors of gender based violence to strengthen and motivate each other in positive living and to assist other people who have fallen into the same predicament in dealing with similar trauma (Ministry of Gender Equality and Child Welfare 2010:36).

3.3.3.2 Statutory services

According to Section 138 (2) of the Child Care and Protection Act 3 of 2015, statutory services are services stipulated by law for the prevention of child maltreatment. These are services at tertiary prevention level which are in place for the prevention of child maltreatment where maltreatment has taken place or where there is a possibility of child maltreatment taking place Children's Act 33 of 1960.

3.3.3.2.1 Placement options when the child is removed

According to The Children's Act 33 of 1960 the social workers' role in the prevention of child maltreatment is to assess the safety of the child when abuse or any suspicion of abuse has been reported or identified. In such a case, the social worker assesses the safety of the house and environment and, if need be, removes the child from the abusive environment to a safe place for treatment in order for the reconstruction of the family and to change the damaging behaviour and to investigate the reintegration or in the alternative permanent placement of the child. Article 20 (3) of the CRC provides that "alternative care" may be, inter alia, foster placement, adoption or, if necessary, placement in suitable institutions for the care of children. The different alternative care

methods used by social workers as a form of prevention of child abuse and neglect are further discussed.

There are different placement options utilised by social workers after removing a child from an abusive environment. The Children's Act 33 of 1960 states that, removal of a child from a family unit to a place of safety or children's home should be the social workers last resort. Namibia is guided by the United Nations Convention on the rights of a child where Article 20(2) of the CRC (1989) applies to children who are temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, hence the right to "alternative care." State parties are required to ensure "alternative care" for such children in accordance with their national laws. Therefore, removal is seen as prevention of child maltreatment. The different forms of care options are discussed next.

3.3.3.2.2 Foster care options

There are two types of foster care placements. Placement with biological family, referred to as kinship care and placement with non-biological family. These two forms of placements are hereby discussed below.

(a) Kinship care (biological family care)

The Child Welfare League of America (n.d) defines kinship care as the full-time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, step-parents, or any adult who has a kinship bond with a child. This means family-based care, whether formal or informal in nature, is done within a child's extended family. In contrast to this definition, Pedral (2013:25) agrees with the Child Welfare League of America (n.d) in that kinship may be relations by blood or affinity. Hence, kinship care is seen as a less restrictive family-like setting for children who require out of home placement. When children are under kinship care, they still remain in contact with their family, friends and activities they were involved with while staying with their parents.

According to the Ministry of Gender Equality and Child Welfare (2014), kinship care is a very important placement option to prevent child maltreatment because it holds a strong cultural value to the Namibians at large. There are approximately 14 000

Namibian children in kinship care, with the majority of them being cared for by extended family members.

Kinship care was not recognised as an option in terms of the Children's Act 33 of 1960 as a result; children in such arrangements had to be placed in foster care with "foster parents" by a competent court, in order to be eligible for a grant in Namibia. This placed a burden on courts and social workers, and did not necessarily add to the protection of the child since the courts often ratified arrangements already made by the child's family by way of a court order. For the sake of this study, a child in kinship care will be defined according to Section 114(1) of the CCPA (Child Care and Protection Act 3 of 2015) as if the child had been placed in the care of a member of the child's family or extended family, other than the parent or guardian of the child or a person who has parental responsibilities and rights in respect of the child, with the express or implied consent of the child's parent or guardian, or by order of the court in terms of Section 141(3)(e)(i) of the Child Care and Protection Act 3 of 2015.

However, kinship care has been recognised and will be regulated by the new Child Care and Protection Act 3 of 2015 which has not yet been implemented. In Namibia caretakers of children in kinship care are given a grant of N\$200.00 by the Government as financial assistance in addressing the needs of children in their care. It is clear that the aim of these grants was to prevent, to a certain extent, the neglect of these children (Legal Assistance Centre (LAC) 2012:6). There are many cases where needy households are unable to access the grant because the placement procedure had never been finalised.

(b) Foster care (Non-biological family care)

Another option used by social workers to prevent child maltreatment such as abuse or neglect is the placement of a child into foster care (Nywenye & Botha 2012:216). Social workers are sometimes forced to remove children from families to foster care homes or place children with foster care families. The South African Government (2015:1) defines foster care as a temporary placement of a child who is in need of care and protection, in the care of a suitable person. A suitable person referred to is neither the parent nor any other person who has a blood relation to the child. Foster care is defined according to the Ministry of Gender Equality and Child Welfare (2008:6), as the temporary placement of a child by the Commissioner of Child Welfare for the purpose

of alternative care in the domestic environment of a family other than the child's own family. Foster care families should be selected, qualified, approved and supervised by social workers for providing care to the children.

According to the Ministry of Gender Equality and Child Welfare (2008:6), In Namibia, social workers find themselves in the position that they have to place vulnerable children in foster care with families who are willing to take care of the children but who are themselves in need of cash (Nywenye & Botha 2012:216). From 1994 to 2008 there was a rapid increase in the number of children found to be in need of care. In 1994 there were 453 children in need of care in terms of the Children's Act 33 of 1960 while in 2008 there were about 1 008 children in children's homes and 13 003 in need of care who were being fostered (Ministry of Gender Equality and Child Welfare 2008:6). Thus the statistics show a rapid increase of children in need of care with more children being placed in foster care than kinship care. Hence foster care is one of the placement options mostly used in the prevention of child maltreatment as followed by the placement of children in homes.

(c) Residential care

Residential care is defined in a broader light by Tolfree (1995:10) who states that it is a group-living arrangement for children whose care is provided by remunerated adults who would not be regarded as traditional carers within the wider society. According to the Minimum Standards of Care of Namibia (2009:4), residential child care facilities are those places that are used primarily for the temporary or long-term reception of children found in need of care and protection with the purpose of providing such care and protection. The United Nations Children's Fund (UNICEF) (2006) defines residential care as temporary care within groups for children without primary caregivers or whose biological parents are unable to care for them. Social workers use this intervention as a way of protecting a child from abuse by placing the child in a residential child care facility with a court order when kinship care and foster care are not possible.

Residential care is meant to provide 24 hours of care for children, meeting their basic needs including food, shelter, clothing, education and most importantly, love. According to Lundstrom and Sallnas (2012:8) residential child care facilities are group-living arrangements for children in which care is provided by adults who would not be

regarded as traditional care givers within the wider society such as volunteers or employees of the facilities.

The Ministry of Gender Equality and Child Welfare (2009) adds that the term Residential Care is interchangeable with the term Institutional Care. It is also defined as “a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult care givers (Chakrabarti & Hill 2005:12). However, it is safe to state that Residential Child Care Facilities (RCCF) do not only take care of children who are orphans, but also cares for vulnerable children without proper parental care for different reasons. The term residential child care facility has somehow replaced the negative connotation of the term institutional care when referring to child group-care settings (Yanca & Johnson 2008:10).

There are three different types of Residential Child Care Facilities in Namibia. The first care facility is established in terms of Section 42 of the Children’s Act 33 of 1960; namely a place of safety that includes any place suitable for the reception of a child into which the occupier or person in charge thereof is willing to receive a child. A place of safety is primarily designed for the temporary care or transitional care and protection of children in the statutory process whilst awaiting the finalisation of the children’s court inquiry or designation to alternative care such as foster care, a children’s home, vocational training or rehabilitation centre or placement back into the family’s care. Therefore, if after assessments, a social worker recommends the removal of a child from the place of maltreatment, the social worker can immediately place a child in such a place of safety for 14 days or with a 48 hours detention order. If the situation or circumstances at the place of removal improve within this period, the child is placed back to where he/she was removed from. In addition, Chakrabarti and Hill (2005:34) state that a place of safety is any residence or home maintained for the reception, protection, care and bringing up of more than six children or pupils, away from their parents.

Secondly, a children’s home placement is done through the issuing of a court order by a Children’s Court. A children’s home placement is long-term but not permanent and the child can be reintegrated with the family or can be discharged before attaining the age of eighteen (18) years.

Lastly, a shelter according to Minimum Standards of Care (2009:4) is an open-door residential facility, providing temporary accommodation to street children or children in difficult circumstances only through referral (which can also be self-referral) and as part of a range of services aimed at meeting the specific basic and developmental needs of children under the age of eighteen (18) years. Shelters primarily make provision for a process of social integration of children living on the streets and the informal management of these children, outside the law enforcement system through child care, psycho-social support, education and training (Chakrabarti & Hill 2005).

(d) Adoption

According to Tolfree (1995:6) adoption is a process through which the adopted child is permanently separated from his parents and becomes the legitimate child of his adoptive parents with all the rights, privileges and responsibilities that are attached to the relationship. Adoption is a judicial process in conformance with statutes, in which the legal obligations and rights of a child towards the biological parents are terminated and new rights and obligations are created between the child and the adoptive parents (Tolfree 1995). Social workers ensure that the adoption meets the needs of the child who is the prime focus. This is supported by Meiser and Velen (2009:19) who note that efforts are made to place vulnerable children in adoptive homes. These children may be members of a sibling group, have medical conditions requiring special care, may be mentally or physically challenged or exhibit behavioural problems. The adoptive family usually gives the adopted child the rights, privileges and duties of a biological child, with the adopted child also becoming the heir of the adoptive parents.

According to literature in Namibia, when the rights concerning the basic nurture, physical and mental health, and safety of the child and the legal rights of the parents are in conflict, the rights and safety of the child should prevail. In making reasonable efforts, the child's health and safety are at all times of paramount concern. The right of a child to basic nurturing includes the right to a safe, stable, and permanent home and a speedy resolution of any problem. When it is clear that the birth parent cannot or will not provide a normal family home for the child, and when continued foster care is not an appropriate plan for the child, then a permanent alternative home should be sought for the child (Chisholm 2012:19).

In Namibia roughly eighty children are adopted each year, while nearly fourteen thousand children are in foster care. According to a report by the Legal Assistance Centre (2013:2) on the draft Child Care and Protection Act 3 of 2015 is a valuable way of affording children the benefits of family life. The current law on adoption (Children's Act 33 of 1960) is in the process of being replaced as the government sets regulations on the Child Care and Protection Act (CCPA) 3 of 2015. The new act outlines regulations that make adoption a reasonable means of alternative care, while protecting the rights of Namibian children and birth parents.

Moreover, some children who are placed in Residential Child Care Facilities as well as foster care end up being adopted by the foster parents. According to the Children's Act 33 of 1960 a child being adopted should have been found in need of care by a competent court for a period of two years after which a child can be placed for adoption. In some cases in Namibia, prospective adoptive parents will agree to foster the child for a period of two years then adopt the child afterwards. According to Meiser and Velen (2009:31) in the United States of America, foster care adoption is a type of domestic adoption where the child is initially placed into a foster care system and is subsequently placed for adoption. Children may be placed into foster care including removal from the home of the biological family by a governmental agency because of maltreatment of the child by the biological family. Meiser and Velen (2009) add that in most adoptions regarding foster children, the foster parents decide to adopt and become the legal parents. In some jurisdictions, adoptive parents are licensed as and technically considered foster parents while the adoption is being finalised. Not all adoptions are from outside of the family. Sometimes family members decide to adopt children of other family members who have either passed away or are alive but whose children are in need of care.

In the light of ensuring the care and protection of children, it is importance to note that Namibia has adopted the aspect of inter-country adoption in its new Child Care and Protection Act 3 of 2015 which provides for inter-country adoption of children in Namibia as set out in The Hague Convention. The Hague Convention is an international agreement first signed in 1993 that provides procedures for inter-country adoption aimed at preventing abuses like abduction, exploitation, sale or trafficking of

children and is regarded as a way of providing for the best interests of orphans in situations where extended family links have broken down or the extended family is already overstretched. The Hague Convention provides a framework for inter-country adoption and is a good foundation in terms whereof the best interests of Namibian children are protected (Child Care and Protection Act 3 of 2015).

3.4 CHALLENGES SOCIAL WORKERS EXPERIENCE WHEN IMPLEMENTING CHILD MALTREATMENT PREVENTION STRATEGIES

In general social workers experience challenges in the prevention of child maltreatment due to several reasons. In Namibia, the responsible ministry is the Ministry of Gender Equality and Child Welfare. According to the Ministry (2010:13), “the service delivery system for child care and protection was managed by the Ministry of Health and Social Services (MoHSS) until 2002 when the newly instituted Ministry of Gender Equality and Child Welfare took over this function. The child care and protection cases were transferred from the MoHSS to Ministry of Gender Equality and Child Welfare (MGECW) social workers in the field”. The challenges experienced by social workers in Namibia as well as other countries are hereby outlined below.

3.4.1 High Staff Turnover

Different annual turnover rates of social workers within the Child Welfare sector has been reported by different studies in the USA. From a 2001 study, Yamatani, Engel and Spjeldnes (2009:362) report that turnover rates of staff vary between 30 and 60 per cent, while Westbrook et al. (2006:38) refer to rates ranging from 20 to 40 per cent based on studies done in 2001, 2003 and 2005.

According to reports by Chalane and Sites (2008:92); Vermeulen (2007:95); Westbrook et al. (2006:39); and Yamatani et al. (2009:362), a high turnover of staff may result in loss of experience as the remaining staff do not always have enough knowledge and experience to supervise their peers, furthermore clients are then also shifted from worker to worker causing the understanding of their unique needs and trust to reduce. Literature shows that when a worker whom the clients had developed a rapport with, left, the wellbeing of those clients were affected negatively. Investigations also take longer to be completed and the standard of services to the public is influenced (Cahalane & Sites 2008:93; Ngwenya & Botha 2012:214).

One of the most pressing concerns of child welfare agencies is recruiting, training, and retaining competent staff. According to literature, in South Africa, 90% of state child welfare agencies report difficulty in recruiting and retaining workers. Exceedingly high numbers of caseloads, poor working conditions, high turnover rates, and a poor public perception of the child welfare system are widely recognized as problems that contribute to the difficulty of attracting high-quality, innovative, and committed staff (Cahalane & Sites 2008:93; Ngwenya & Botha 2012:214).

In Namibia, high staff turnover has led to high vacancy rates, which increase the workloads of those workers remaining. Increased workloads lead to frustration, poor services and eventually more turnover. Similarly, this turnover cycle contributes to low job satisfaction and emotional exhaustion of social workers who remain. Furthermore, the employers also experience lower staff morale, lower productivity and burnout amongst the remaining employees, who often have to take over the responsibilities of the staff members who left. This negative cycle of turnover is often difficult to break (Ministry Of Gender Equality and Child Welfare 2010:150).

3.4.2 Shortage of social workers

A shortage of social workers is yet another problem. The one of the challenges in the prevention of child maltreatment appears to be the insufficient number of social workers in the regions and the capacity of the staff at the central level to provide supervision across such a wide a range of services throughout the country. According to Ngwenya and Botha (2012:210), there is a lack of human resources in Namibia to manage social work services. Although the Ministry of Gender Equality and Child Welfare (MGE CW) is recruiting new staff, it is still understaffed in the regions causing the current staff to cope with a limited capacity with which to manage the growing child maltreatment caseloads, child justice, the grants system and the foster and residential care caseloads.

A shortage of experienced social workers is not just a concern for Namibia but is a growing concern in other countries as well. For example, in South Africa, the shortage of human resources in the social care sector is a chronic problem. It has been argued that the government's over-emphasis on training community development workers, and criticism of social work services that were funded by the apartheid government, were viewed as contributing to the lack of social workers in the country. There are not

enough social workers who can conduct needs assessments, follow-up on families and implement effective referrals to other services (Yamatani et al. 2009:362).

In England, research conducted by Baginsky, Driscoll and Manthorpe (2013:4) on retaining experienced social workers in child protection services, discovered that the national shortage of experienced social workers in child protection services has been widely reported. It is a recurring theme in discussions across England and is a concern at both policy and practitioner levels. This is not just a feature of social work in England but is evident across the USA, Canada and Australia. Force-Emery (2007:114) puts forward the following reasons; geographic isolation, workplace issues (i.e. poor organisational conditions, lack of professional support) and occupational stress.

Moreover, when there are too few members of staff dealing with high caseloads and high levels of stress, mistakes are more likely to happen Martin and Healy (2010) argue that as professionals become experts in their practice, they are able to adapt to their practice by reflecting on their experience, as well as using their expertise and intuition. In contrast, what he terms novice practitioners, start by following the rule book and need coaching and encouragement to reflect on practice. Yet it is this reflective practice that are expected from newly qualified social workers, some of whom are in teams with others who have little more experience than they do.

3.4.3 High foster care caseloads

In South Africa foster care is one of the areas in which social workers have been unable to cope with because of an overwhelming demand for services. Social workers are indebted with high caseloads and foster care applications which could take up to a year or longer before they are processed and finalised at the Children's Court in South Africa (Gray and Lombard 2008:56). One of the factors contributing to the foster care backlog is the high turnover of social workers as outlined earlier. Positions are often not filled, allowing the backlog to grow further. When a social worker is finally appointed, he or she is met with a huge backlog, leaving her feeling overwhelmed. This worker usually resigns quickly, again contributing to the high turnover cycle as well as foster care backlog (Ngwenya and Botha 2012).

Another factor that contributes to high caseloads is the increasing number of applications for funding or grants required to look after a child. As only non-biological foster parents who undertake the temporary care of a child found to be in need of care, qualify for this grant, kinship placement carers must lodge a court application to be able to receive the same grant. In a research conducted by the Ministry of Gender Equality and Child Welfare (MGE CW) on foster care, social workers reported that often after a child has been placed in the care of a relative through customary kinship placement the relative would approach the MGE CW for a grant (Ministry of Gender Equality and Child Welfare 2008:9). To secure such a grant, a court order is required on the recommendation of a social worker's report. The demand for this grant is increasing, and MGE CW social workers feel overwhelmed by the workload involved in taking each case to court and renewing each court order after two years, especially when the court determined "in need of care" to be an important factor in only a few cases (Ministry of Gender Equality and Child Welfare 2011:9).

It appears that the MGE CW social work service for children is becoming flooded with administration of foster care grants, which compromises the social workers' ability to work on cases in which the main issue is the care and protection of children who are maltreated or at risk of maltreatment, rather than the processing of grant payments (Ministry of Gender Equality and Child Welfare 2008:9). This is also the case in South Africa according to Gray and Lombard (2008:56) who confirm that the backlog in foster care applications is an issue in the Johannesburg office of the Department of Social Development, resulting in the accumulation of foster care placement applications.

3.4.4 Multiple role responsibilities

Social workers are often referred to as having multiple responsibilities, i.e. being the jack of all trades. The many responsibilities of social workers can be seen as another challenge that hinders social workers from doing primary and secondary prevention of child maltreatment. Lohmann and Lohmann (205:6) state that "practice realities in many rural areas are such that the social worker will be called upon to handle a wide range of tasks and carry diverse helping roles." In a report by Govender (2007:13) on the views of the Public Servants Association, which represents South African government social workers, it is stated that social workers have to cope with caseloads

ranging from 600 to 3 000 cases in extreme situations, whereas their British counterparts carry a caseload of between 13 to 20 cases. Govender submits that the shortage of social workers in South Africa is estimated at 50 000. According to Ngwenya and Botha (2012:217), and Rose-Junius et al. (2006), a situation thus exists where social workers only practice one method of social work or engage in one type of service being rendered; hence, in most cases the prevention of child maltreatment at primary and secondary levels is highly neglected.

A similar problem of high caseloads was also identified in Namibia and the Ministry decided to add some regulations in the yet to be implemented Child Care and Protection Act (CCPA) 3 of 2015 that provides for the designation of private social workers and child protection organisations for certain purposes. The aim of this provision is to help lessen the workload of government social workers tasked with attending to child maltreatment and thus addresses one of the challenges, namely that social workers were prevented from implementing child maltreatment prevention strategies in Namibia due to their heavy workload (Ministry of Gender Equality and Child Welfare 2008:9).

3.4.5 Shortage of places of safety for the protection of children

The shortage of places of safety has been identified as yet another challenge faced by social workers in the prevention of child maltreatment in Namibia. According to the Legal Assistance Centre (2006) in Namibia, child maltreatment is in most cases committed by a family member, thus there is need for children to be removed to safer places. However, there are no places of safety available in most towns and frequently the child's mother aligns herself with the perpetrator who is mostly also the breadwinner. If a child is molested, the only place of safety is a hospital. Furthermore, there are no shelters for either women or children. For example in the Khomas region in Namibia there is only one shelter which caters for abused women and children. The Ministry of Gender Equality and Child Welfare (2015:2) adds that there are a limited number of privately owned places of safety for abused children but that they are mostly fully occupied, since they are registered to harbour a specific number of children.

The Ministry of Gender Equality and Child Welfare (20011:12) stated that social workers appear to have very high caseloads which prevent them from meeting all of

the competing demands for their time. Ngwenya and Botha (2012:218) add that in South Africa the responsibility for processing foster care grants and cases of children who conflict with the law reduces the time available for doing prevention work. No evaluation on the impact of prevention activities has been done thus far. Hence, social workers do not know the impact of these activities and how effective their interventions are. The cases reported do not change in number, they actually increase and social workers are demoralised.

3.4.6 Shortage of mobile facilities

Mobile facilities are facilities such as transportation and communication facilities, i.e. the internet, telephones, fax machines and motor vehicles. There is a shortage of mobile facilities for social workers especially in rural areas. Namibia is a sparsely populated country with significant numbers of people living in remote, rural areas with limited access to the services provided by various social work organisations such as Gender Based Violence Unite (GBVU) (formally known as WACPU) and education on Gender Based Violence (GBV). Even where there is a GBVU in rural areas, it can be expensive and difficult for people to travel to the unit itself (Legal Assistance Centre, 2006).

A shortage of staff, complicated by the absence of a staff rotation policy and a need for much more rigorous staff training, insufficient support for staff, including a lack of mentoring and debriefing services, unclear goals and guidelines of the GBVUs, inefficient management structures to monitor and coordinate GBVU functions, limited prevention and outreach programmes to educate communities on GBV and GBVU services, poor facilities and equipment at the units, and a low prosecution and conviction rate in GBV cases, are all challenges that social workers experience in the prevention of child maltreatment (Perl 2013; Rose-Junius et al. 2006).

Gray and Lombard (2008:59) referred to a situation in South Africa where budget cuts have led to social work shortages and to a focus on crisis management rather than early intervention. At the same time, welfare cuts, and rising child poverty mean more and more children need help. The United Nations International Superhero Oversight Network (UNISON) (2014:1) the public service union in England, also reports that social workers are under constant pressure to close cases and to find the cheapest

placement options, rather than what would be the best for the child. This may create short-term savings but it harms vulnerable children and costs taxpayers more in the longer term as children's needs become more critical and they end up staying in the social services system for longer.

3.5 CONCLUSION

This chapter explored the roles and responsibilities of social workers in the prevention of child maltreatment on different levels. The roles of social workers were discussed from when a case of suspicion of abuse is reported to the early intervention and prevention services according to the Child Care and Protection Act 3 of 2015 and mandate of the Women and Child Protection Unit. This was followed by an in depth discussion of the roles of social workers at the primary, secondary and tertiary levels of prevention.

The framework of public health consists of three levels of services; namely primary prevention programmes, which can be directed at the general population (universal); secondary prevention programmes, which target individuals or families where maltreatment is more likely (high risk); and tertiary prevention programmes, targeted at families where cases of abuse have already occurred (indicated).

This chapter also referred to social workers' role in the prevention of child maltreatment with the reporting of abuse or any suspicion of abuse, which is to assess the safety of the child, the safety of the housing and environment of the child, whether it is necessary to remove the child from the abusive environment to a safe place for treatment, the reconstruction of the family to change their behaviour as well as the reintegration of the child to the family or permanent placement of the child.

Finally, existing challenges experienced by social workers in implementing child maltreatment prevention strategies were discussed generally comparing challenges in Namibia to those experienced in other countries. The discussion showed that the Ministry of Gender Equality and Child Welfare has identified roles of social workers in the prevention of child abuse and neglect in order to implement these roles by way of regulations in the national legislation and so alleviating the caseloads of social workers in trying to prevent and address child maltreatment at all levels.

CHAPTER FOUR

Views of social workers on the implementation of child maltreatment prevention services in Namibia

4.1 INTRODUCTION

This study aimed at exploring the “Views of social workers on implementation of Child Maltreatment Prevention Services in Namibia”. The study was done through primary and secondary research. The primary research of the study involved soliciting information from social workers in Namibia through semi-structured interview schedules. Secondary research involved the review of literature and theoretical perspectives related to the study topic. This chapter presents the findings of the study in the form of graphs as well as themes, categories and narratives derived from the responses of the participants. The findings are discussed and linked to the literature review where applicable.

4.2 RESEARCH METHOD

This section presents the research method employed for the gathering of data for the interpretation and analysis of the empirical findings .

4.2.1 Preparation for the investigation

Here a brief overview of the research methodology employed for the successful execution of the research study is provided.

4.2.2 Pilot study

A pilot study was conducted as a means of testing the instrument of data collection. The data collection method was therefore implemented using a smaller group of participants from the intended population. This was done in order to ensure that the instrument of data collection was both efficient and effective. This type of preparation for the investigation is motivated by researchers such as De Vos et al. (2011:237) and Barker (2003:327-328) who indicate that a pilot study is a procedure carried out as a means of testing and validating an instrument. For the purpose of this study, a purposive selection of two (2) participants was utilised to test the data collection process. Modifications identified during these interviews were then implemented.

4.2.3 Research sample

The sample group was made up of 20 social workers working in the Ministry of Gender Equality and Child Welfare across Namibia. All the participants chosen had experience in the field of child maltreatment.

The criteria used for inclusion in the sample group for the study was as follows:

- Social workers had to work in the Child Welfare Directorate of the Ministry of Gender Equality and Child Welfare (MGECW).
- Social workers could be from any of the 13 regions in Namibia or could be based at head office in MGECW.
- Social workers had to be involved in the prevention of child maltreatment (at micro, mezzo or macro level) for at least one year.
- Social workers worked in child welfare services for at least one year.

4.2.4 Research approach, design and instrument

Mainly a qualitative approach was employed for the purpose of obtaining the aim of this study with certain qualitative elements. The instrument for data collection was a semi-structured interview schedule, designed by the researcher and conducted during interviews with participants. Qualitative design is supported by Grinnell and Unrau (2005:196) who asserts that this approach describes a social reality from the point of view of participants within the systems being studied. The design assumes that the participants in a social situation can best tell the researcher about what they are doing and why.

The study was based on the subjective views of social workers obtained through interviews. The themes and sub-themes derived from the data analysis are presented in this chapter in the form of tables and figures. The researcher used the descriptive approach when defining preventative strategies and explorative research to investigate the views of social workers on implementation of child maltreatment prevention services.

4.2.5. Data gathering and analysis

Data analysis is the process whereby the collected data is organised and interpreted in order to produce meaningful findings (De Vos et al. 2011:249,397). Data analysis

started after collecting data from the interviews. The quantitative data was analysed manually and the qualitative data was sorted according to themes, subthemes and categories, as described by De Vos et al. (2005:338). All the themes, subthemes, and categories are presented in table form before being discussed in further detail. The existing relationship between the data and that of the literature study presented in the previous two chapters was also evaluated (De Vos et al. 2011:402).

4.3 RESULTS OF THE STUDY

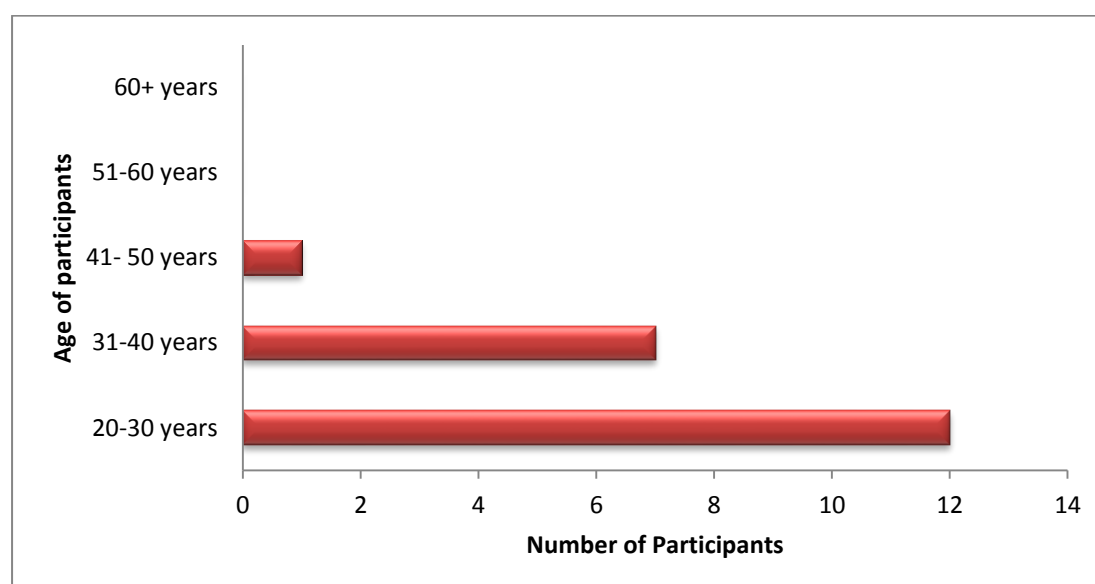
In the following section the results obtained from the data collection are highlighted and are presented through tables, graphs, themes, subthemes and categories.

4.3.1 Particulars of Participants

The identifying particulars of the participants will be presented in terms of the age of participants, number of years of practising social work and number of years of experience in child maltreatment prevention.

4.3.2 Age of Participants

The participants were asked to indicate their age. The results obtained are presented in Figure 4.1.



N=20

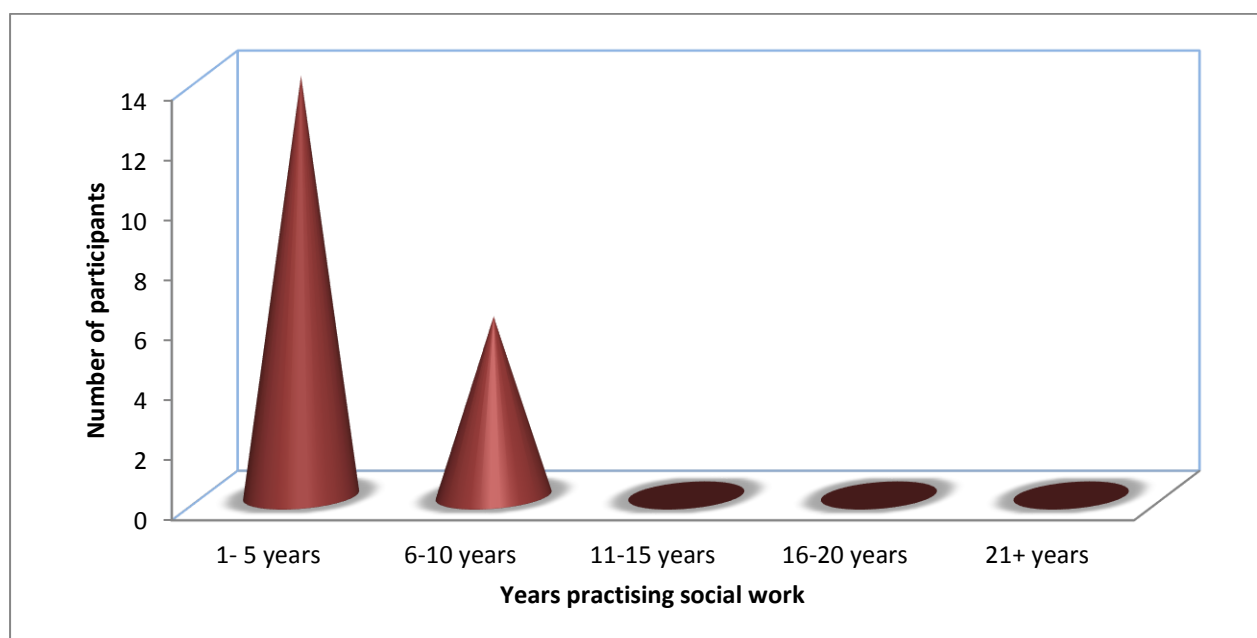
Figure 4.1: Age of participants

Figure 4.1 shows that the majority (12=60%) of the participants indicated that they were between the ages of 20 to 30 years. Seven participants (35%) were in the age group of 31 to 40 years and only one participant (5%) was in the age group of 41 to 50 years. There were no respondents from the ages of 51 years and above.

It can be deduced that most social workers in this research group employed at the Ministry of Gender Equality and Child Welfare engaged in the prevention of child maltreatment are young adults below the age of 30.

4.3.3 Number of years practising social work

The participants were asked to indicate the number of years they have been practising social work and the results are shown in Figure 4.2, below.



N=20

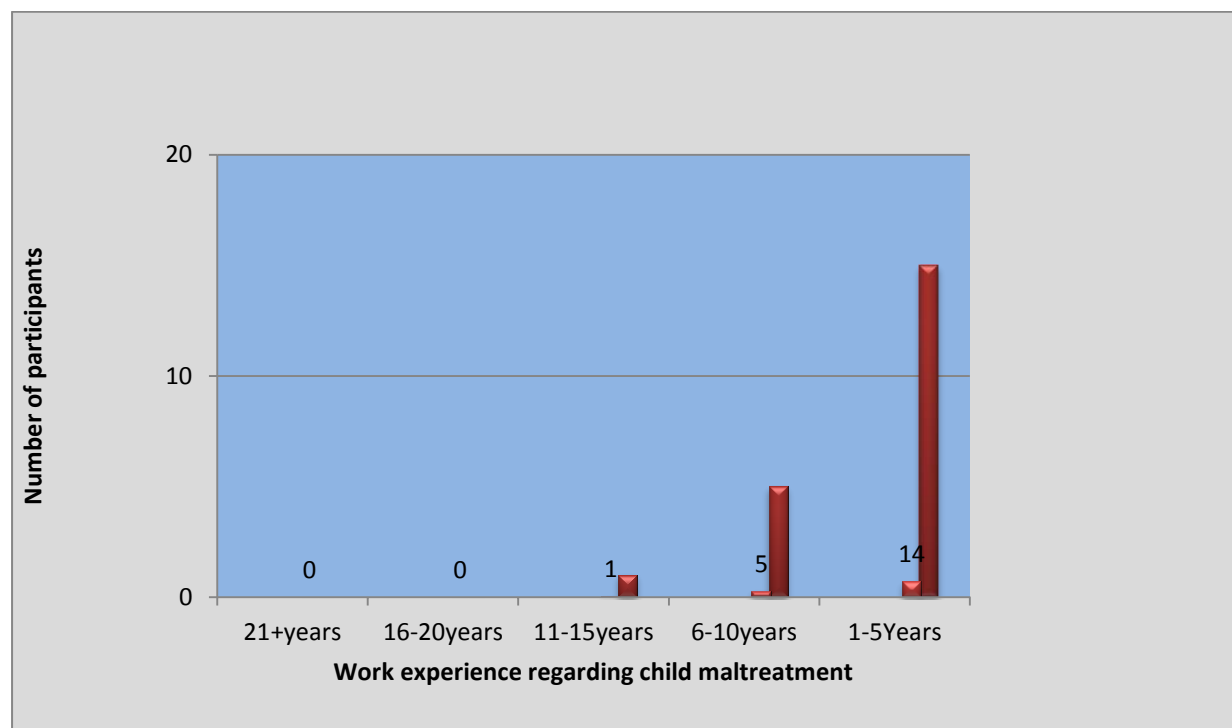
Figure 4.2: Number of years practising social work.

From Figure 4.2 it is clear that the majority (14=70%) of the participants had practised social work between one and five years. A total number of six (30%), participants indicated that they practised social work for 6 to 10 years while none of the social workers indicated that they had practised social work for more than 10 years. These results therefore show that most participants have less than 5 years of experience in rendering child maltreatment prevention services.

This result corresponds with the previous finding which showed that the majority of participants are younger than 30 years. There seems to be a correlation between the age group and number of years practising social work as most of the participants indicated that they are in the age group of 20 to 30 years and have between 1 and 5 years of experience in practice.

4.3.4 Work experience regarding child maltreatment prevention

The participants were asked to indicate the work experience regarding child maltreatment prevention. The results are shown in Figure 4.3.



N=20

Figure 4.3: Work experience regarding child maltreatment prevention

As can be seen in Figure 4.3, the majority (14=70%) of the participants have between 1 to 5 years of experience in child maltreatment prevention. This was followed by five (5=25%) participants who indicated that they had 6 to 10 years of experience in this regard. Only one (1=5%) of the participants has between 11 to 15 years of experience. No participant had work experience more than 15 years.

From the results obtained, it is clear that the number of years practising social work correlates with the number of years of experience in child maltreatment prevention and

the age of social workers as the majority of participants indicated that they have between 1 and 5 years of experience in child maltreatment prevention. This result correlates with the age of the participants as well as that of work experience.

The lack of participants with more than five years work experience could also be due to staff turnover. Researchers Yamatani et al. (2009:362) concluded that high turnover may result in loss of experience and the remaining staff do not always have enough knowledge and experience to supervise their peers since clients are shifted from worker to worker, understanding of their unique needs and trust reduces.

4.3.5 Highest qualification in Social Work

The participants were asked to indicate their highest qualifications in social work. Table 4.1 shows the results.

Table 4.1: Highest qualification in social work

Highest qualification in Social Work	Frequency	Percentage
B Social Work (3yrs)	1	5%
BA Social Work (4yrs)	17	85%
MA Social Work	2	10%
PhD Social Work	0	0%

N=20

According to Table 4.1, the majority (17=85%) of the participants attained a 4 year Bachelor of Arts degree in Social Work. Only 1(5%) participant had a 3 year degree in social work while 2(10%) participants were in possession of master's degrees in social work. There was no social worker who indicated being in possession of a doctorate qualification.

It is clear that the majority (17=85%) of participants have not pursued post graduate studies. This result may be linked to the age of participants as the majority were young adults between the ages of 20 and 30 years. These participants could still be at a stage in their career where they are gaining experience and have thus not pursued further studies yet.

4.4 International, Regional and Namibian domestic legislations and policies regarding the prevention of child maltreatment in Namibia.

This section explored the views of participants on international, regional and local legislation and policies regarding the prevention of child maltreatment. This topic was identified as relevant in this study as it provides guidelines for protecting the rights of children in Namibia.

4.4.1 Legislation and policy for the prevention of child maltreatment participants are familiar with in Namibia.

Participants were asked to indicate which legislation and policies they were familiar with in the prevention of child maltreatment. The results are shown in Table 4.2

Table 4.2: Knowledge of legislation and policy for the prevention of child maltreatment used in Namibia.

Legislation and policies regulating the prevention of Child Maltreatment.	Number of participants	Percentage
International Policies		
United Nations Convention of the Rights of a Child (1990)	15	75%
Regional Policies		
The African Charter on the Rights and Welfare of a Child (1990)	5	25%

National Legislation		
	20	100%
1.Children's Act (33 of 1960)		
2. Child Care and Protection Act (3 of 2015)	0	0%
3. The Combating of Rape Act (8 of 2000)	18	90%
4. Combating of Domestic Violence Act (4 of 2003)	18	90%

N=20

All the participants (20=100%) indicated that they are familiar with the old South African Children's Act No. 33 of 1960 which is still predominantly used in the prevention of child maltreatment as it is still the only legislation on children in Namibia. This finding shows that this act is utilised regularly because it provides regulations on dealing with cases of child maltreatment.

Eighteen participants (90%) indicated that they were familiar with the Rape Act 8 of 2000 and the Combating of Domestic Act. The Children's Act 33 of 1960 does not provide clear definitions of the different forms of abuse and specifically abused children are subjected to in cases of domestic violence. However, these regulations are found in the Combating of Rape Act 8 of 2000 as well as the Combating of Domestic Violence Act 4 of 2003. Participants should thus utilise both Acts on a regular basis.

Of the 20 participants in the study, 15 (75%) indicated that they were familiar with the United Nations Convention on the Rights of a Child of 1990. The fact that a large number of the participants were familiar with the convention could be because the UNCRC (1990:2) ensures that children are safeguarded against all forms of abuse, neglect and exploitation. Namibia has ratified the UNCRC hence this international policy is used hand in hand with national policies.

Concerning the African Charter on the Rights and Welfare of a Child of 1999 only five (25%) participants were familiar with this policy. It is strange that only a few social

workers are familiar with this charter because the ACRWC (1990) provides guidelines for the protection of children who are maltreated through cultural and traditional practices. Namibia ratified the ACRWC in 2004 which means that participants should know about the charter and the guidelines thereof as children in Namibia are exposed to maltreatment through culture and traditional practices, thus the ACRWC is applicable to situations in Namibia.

No participant indicated familiarity with the Child Care Protection Act 3 of 2015. This may be because the Act has not been implemented yet, due to the regulations which are still being drafted.

It is therefore clear from the results in Table 4.2 that most participants make use of the National and International policies in their daily work. This proves that the policies and legislation provide guidelines in dealing with child maltreatment cases. Statutory reports also require quoting of acts in each report. This forces participants to have knowledge about the various acts.

4.4.2 How Policy and Legislation guide social work practice in the prevention of child maltreatment.

The views of the participants were obtained on how policy and legislation guide social work practice in the prevention of child maltreatment. This was necessary as according to Ambunda and Mugadza (2009:5) Namibia has identified child maltreatment as a serious concern that warrants efforts at all levels of society for the prevention of child maltreatment and regulation pertaining thereto in Namibia by way of Acts, Policies and Treaties. The subthemes, categories and narratives derived from the data are presented in Table 4.3.

Table 4.3: How policy and legislation guide social work practice in the prevention of child maltreatment.

THEME: How policy and legislation guide social work practice in the prevention of child maltreatment.		
Subtheme:	Category	Frequency
1. International Policy (UNCRC) guide social work practice in the prevention of child maltreatment	1. UNCRC provides guidelines on the protection of children's rights	<p><i>"The <u>policy</u> gives <u>guidelines on Children's rights</u> to advocate and raise awareness for prevention of child maltreatment."</i></p> <p><i>"<u>UNCRC</u> guides me in dealing with <u>children rights</u> to be protected against any forms of abuse and exploitation. I refer to the policy mostly when dealing with cases of child neglect."</i></p> <p><i>"... when <u>children's rights are violated</u> and needs are not met ..."</i></p> <p><i>"... <u>ensures that the rights of children are upheld and protected.</u>"</i></p>

	<p>2. The UNCRC provides guidelines on prevention of family separation and preserving family unity.</p>	<p><i>“... Parenting, <u>family separation and preserving family unity</u> are important components of child protection. Implementing the article. Abusive parents are referred for Counselling for reconstructive services and supervision is done after a child has been removed due to abuses that a child <u>can be placed back with the family.</u>”</i></p> <p><i>“... it speaks about placement of children in institutions should be the last resort to <u>promote family unit and prevent family separation.</u>”</i></p>
<p>2. Regional Policy (African Charter on the rights and Welfare of a child) guide social work practice in child maltreatment prevention</p>	<p>1. ACRWC provides guidelines on dealing with issues of maltreatment on the basis of culture and tradition.</p>	<p><i>“I use this policy <u>in protecting children from social, cultural and traditional harm.</u>”</i></p> <p><i>“Speaks about <u>prevention of maltreatment through cultural practices and harmful behaviours</u>”</i></p> <p><i>“... in protecting children from <u>social cultural and traditional harm.</u>”</i></p>

<p>3. National Legislation guide social work practice in child maltreatment prevention</p>	<p>1. The Local Legislation (The Children's Act 33 of 1960)</p> <p>2. The Combating of Domestic Violence Act 4 of 2003 guides social work practice.</p> <p>3. The Combating of Rape Act 8 of 2000 provides guidelines on dealing with sexual abuse; domestic violence and child neglect where the child is a victim.</p>	<p><i>"... Children's act 1960 gives guidelines on how to <u>deal with child maltreatments and how to define child maltreatment.</u>"</i></p> <p><i>"I use the local legislation when I want to <u>place children in a children's home and during rape cases and as well as any other form of abuse.</u>"</i></p> <p><i>"Make use of local legislation when I have <u>cases of rape and domestic violence where children are victims and when dealing with cases of child neglect, abandonment and trafficking.</u>"</i></p>
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International Policy such as UNCRC guide social work practice in the prevention of child maltreatment prevention

The first subtheme that was identified was that international policy guides social work practice in child maltreatment prevention. The first category that emerged from this subtheme was that almost half of the participants indicated that the UNCRC provides guidelines on the protection of Children's Rights such as to protect them from any form of abuse and neglect. This finding correlates with literature such as Milne (2013:2) who states that the UNCRC articles provide guidelines on dealing with cases where children's rights to protection are violated.

The second category which emerged was indicated by a few participants who noted that the UNCRC helps them in cases of parenting, family separation and preserving the family unity as seen in Article 49(1) of the UNCRC (1990) which acknowledges the primary role of parents and the family in the care and protection of children, as well as

the obligation of the State to help them carry out these duties. The UNCRC (1990) recognises that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

It is therefore clear that the participants are aware of the UNCRC and that they use it in services rendered to children and their families especially issues to do with Children's rights as indicated in the narratives. Similarly, Ruppel (2006:31) supports this notion stating the most prominent UN manifestation to advance children's rights is the UNCRC.

Regional Policy (African Charter on the rights and Welfare of a child) guide social work practice in child maltreatment prevention

The second subtheme that emerged from this theme was that the Regional Policy of Africa namely the African Charter on the Rights and Welfare of a Child, guides social work practice. The only category which emerged was that the Regional (ACRWC) Policy helps social workers in various ways in preventing children being maltreated to culture and traditions.

More than a third of the participants mentioned that the policy gives a guideline on dealing with issues of maltreatment on the basis of culture and tradition. This is clearly seen in article 21 of the ACRWC, which states that, "State Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular, those customs and practices prejudicial to the health or life of the child, including girls married very young or being forced to marry" (African Charter on the Rights and Welfare of a Child: 1990)

It is interesting that not a large number of the participants use the ACRWC as it provides a guideline which prohibits a person from giving away a child out in marriage or engagement if such a child does not consent to the marriage or engagement, or are below the minimum age for marriage which is often an issue in Namibia. This Charter is furthermore important for social workers in Namibia as it also provides guidelines on parental responsibilities, cultural and traditional practices that harm children as well as the prevention of early marriages. It is clear that the Regional Policy (African Charter

on the Rights and Welfare of a Child) is not often utilised in Namibia. This may be so because there is a lack of understanding and awareness of the content of this policy hence it is not applied or referred to in the daily services of Social Workers.

National Legislation guide social work practice in child maltreatment prevention

The only category that emerged from this third subtheme and that was highlighted by the majority of participants was that the National legislation guide social workers in various ways in preventing child maltreatment. Participants indicated that they use the national policies and legislation in solving issues of child rape, child neglect and domestic violence and all forms of abuse where the child is a victim. The national legislation that they refer to is the Children's Act 33 of 1960 which serves as an early intervention strategy whereby it protects children from ill-treatment, neglect and abandonment based on the mere likelihood of abuse, due to the acts of a parent, guardian or any custodian. Therefore, The Children's Act 33 of 1960 was indicated as the most utilised piece of legislation in this investigation.

Furthermore guidelines on domestic violence where children are involved are drawn from the Combating of Domestic Violence Act 4 of 2003 and specifically Regulation 2 of this act. More than three quarters of the participants indicated that they utilise this act as it provides guidelines on what child abuse is in a domestic relation.

Namibia's Combating of Rape Act 8 of 2000 has been hailed as one of the most progressive laws on rape in the world, amongst others due to the definition of rape that covers a range of sexual acts committed in "coercive circumstances", thus moving away from requiring proof of "absence of consent" which has historically made the rape victim feel as if he/she was the one on trial. This Act has helped social workers in dealing with sexual abuse successfully. Thus a large number of participants indicated that the above legislations guide them in their daily practice in the prevention of child maltreatment.

Participants did not indicate which of the acts specifically guided their practice in their answer. This could be because in most child maltreatment cases the three acts, namely the Children's Act 33 of 1960, the Combating of Domestic Violence Act 4 of 2003 and the Combating of Rape Act 8 of 2000 are applied.

4.5 WELFARE SERVICES DELIVERED AT DIFFERENT LEVELS OF THE ECOLOGICAL PERSPECTIVE IN PREVENTING CHILD MALTREATMENT

Participants were asked to identify welfare services delivered at different levels of the ecological perspective to prevent child maltreatment. Child maltreatment is viewed as a consequence of the interplay between a complex set of risk and protective factors at the individual, family, community, and society levels (Friedman & Allen 2014:9). It was thus relevant in this study to determine what services the participants render at the different levels of the ecological perspective in the prevention of child maltreatment. The subthemes, categories and narratives are presented in the Table 4. 4.

Table: 4.4 Welfare services delivered at different levels of the ecological perspective in child maltreatment prevention

THEME: Welfare services delivered at different levels of the ecological perspective in child maltreatment prevention		
Subtheme:	Category	Narratives
1. Casework services is rendered at Microsystem level	1. Individual counselling to families and children	<p><i>"By doing <u>individual counselling sessions</u> with parents who have been reported for neglect."</i></p> <p><i>"I give <u>counselling to children and families.</u>"</i></p> <p><i>"I deliver <u>mainly case work with individuals.</u>"</i></p> <p><i>"I offer <u>crisis intervention with domestic violence & rape victims.</u>"</i></p>

	2. Family therapy is offered	<p><u>"I offer family therapy .for victims of child maltreatment"</u></p> <p><u>"I offer therapeutic services for victims of child maltreatment and families who are at risk of being maltreated."</u></p>
3. Group work is rendered at Mezosystem level	1. Different types of groups offered	<p><u>"We do group work with children and their families."</u></p> <p><u>"Group work sessions with abused children."</u></p> <p><u>"We offer group work for education purposes as well as support for survivors."</u></p> <p><u>"Group work and encouraging people to talk if under any abuse"</u></p>
2. Community work is rendered at Macrosystem level	1. Public Awareness raising Campaigns and Education services	<p><u>"Awareness campaigns regarding rape."</u></p> <p><u>"Media campaigns on child maltreatment."</u></p> <p><u>"I facilitate Awareness through radio, T.V, Newspapers."</u></p> <p><u>"We offer community work through awareness and campaigns, education and advocacy."</u></p>

		<i><u>“On this level we tackle the whole community this is where we do awareness raising on Gender Based Violence issues.”</u></i>
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Casework services is rendered at microsystem level

The first subtheme identified is that case work is rendered at the microsystem level of the ecological perspective. The first category identified was that most of the participants indicated that they use individual counselling with children and families. Additionally, participants indicated other services they offered at micro level of intervention, crisis intervention, psychosocial support, material support, information dissemination, home visits, removing children to places of safety.

It seems as if case work through individual counselling sessions have been found to be the most common social welfare service delivered on the microsystem in preventing child maltreatment in Namibia. This finding corresponds with literature such as Sincero (2012:14) who assert that, “Social workers use the case work method of intervention at microsystems level which is designed to affect an individual’s social and cognitive skills and behavior, and include services such as counselling, therapy, and educational training.”

Social workers also work with families of children through individual counselling since the family is an immediate system of the child and also affects a child’s wellbeing. This way of working is supported by literature. Mason (2011:47) states that the goal for individual counselling would be to engage with a client, in this case a parent of an abused child or the child him/herself through a relationship process, essentially one to one and to take into consideration other factors in the child’s life during this process. From this study it is clear that social workers mainly use case work in their day to day work to prevent child maltreatment.

The second category that came out was that all the participants indicated that they use family therapy in their daily work in their pursuit to prevent child maltreatment. Sincero (2012:14) supports this finding indicating that interventions at this level could include

family counseling for families where there is child maltreatment and parenting training for new mothers and parents who are at risk of child maltreatment.

Group work is rendered at mezosystem level

The second subtheme identified under this theme was that group work is rendered at the mezosystem level. The first category that emerged was that different types of groups were offered by the participants such as educational groups and support groups. The fact that group work is utilised is supported in literature; according to Dahlberg et al. (2002:38) social workers utilise the group work method at the mezzo system level of intervention in child maltreatment working in groups with the family as well as the child's peers. Group work may include mentoring and introducing peer programmes designed to reduce conflict, to foster problem-solving skills, and to promote healthy relationships. It is however interesting that parenting groups were not mentioned by the participants as this is a type of group where the parents of the abused children could be educated. This could be so because according to literature, positive parenting groups are conducted by social workers of the Ministry of Health and Social Services as well as Lifeline Child Line (Ambunda & Mugadza 2009:42). It is thus not seen as the sole responsibility of social workers of the Ministry of Gender Equality and Child Welfare.

Community work is rendered at macrosystem level

The third subtheme was that community work is rendered at the macrosystem level of intervention. The only category which emerged was that awareness raising campaigns and media campaigns are offered as part of community work. However, the nature of the awareness campaigns utilised differed between the participants i.e. media campaigns; awareness raising campaigns and education campaigns were mentioned. A large number of the participants used radio and television shows to raise awareness about child maltreatment.

This fact that awareness raising was done on the macro level corresponds with literature as Fisher (2013:13) acknowledges that the prevention services that social workers utilise at the macro level of the ecological perspective are typically designed to impact the climate, processes and policies in a given system. Fisher (2013:13) also states that social norms and social marketing campaigns are often used to foster

community climates that promote healthy relationships, such as community meetings and awareness raising campaigns through mass media such as television and radio.

4.6 TYPES OF PREVENTION SERVICES RENDERED ON THE PREVENTION OF CHILD MALTREATMENT

Participants were asked to indicate the types of prevention services rendered in the implementation of child maltreatment prevention strategies at the primary, secondary and tertiary level of intervention. The data was analysed and the results are indicated below.

4.6.1 Type of primary prevention services rendered by social workers

The participants were asked to indicate the type of services that they render at primary level of prevention. The participants could indicate more than one service. Results are presented in Table 4.5.

Table 4.5: Types of primary prevention services rendered by social workers

Primary prevention services	Frequency	Percentage
Public awareness campaigns and education services	8	40%
Family education classes in the community	2	10%
Community Partnership	6	30%
Family resource centre	3	15%
Others: Advocacy	1	5%
Radio shows	1	5%

N=20

From Table 4.5, it is clear that the majority (8=40%) of the participants rendered public awareness campaigns and education services as part of the primary prevention services. This service was also mentioned by most of the participants as a service that is delivered as public awareness campaigns and education services are community work on the macro level of intervention. As highlighted in literature, the aim of public awareness and education services is to disseminate information on resources available for children and educational material on child maltreatment and to educate communities on children's rights by providing regularly published newsletters and brochures featuring child protection programmes and services as well as information sources within and outside the country (The Child Abuse Prevention Coordinating Council of Humboldt County, 2014:1).

Furthermore, this finding correlates with the expectation of the Ministry of Gender Equality and Child Welfare Training Manual (2014:12) where it is indicated that social workers in Namibia must work with community members to raise awareness on the existence of child maltreatment. This includes educating the community on how they can assist to prevent child maltreatment through reporting any suspicion of maltreatment.

Almost a third of the participants (6=30%) indicated that they develop community partnerships at the primary level of prevention.. This form of primary prevention is mainly done through forums where social workers network with other organisations and link clients to necessary resources. As stated in the report of the Ministry of Gender Equality and Child Welfare for 2014, community partnerships are developed in Namibia through Child Care and Protection Forums (CCPF) which consist of different stakeholders from government as well as non-governmental organisations depending on which constituency the forum is formed in and what organisations offering child protection services are available in that community (Ministry of Gender Equality and Child Welfare Report 2014).

Only two (10%) participants noted that they rendered community family education classes. These types of classes provide social support to families associated with child maltreatment (Reynolds & Robertson 2013:26). The classes are offered mainly by social workers of the Ministry of Health and Social Services as well as Life Line

Child Line and other NGOs (Ambunda & Mugadza 2009:42). It is thus not the sole responsibility of the participants in this investigation.

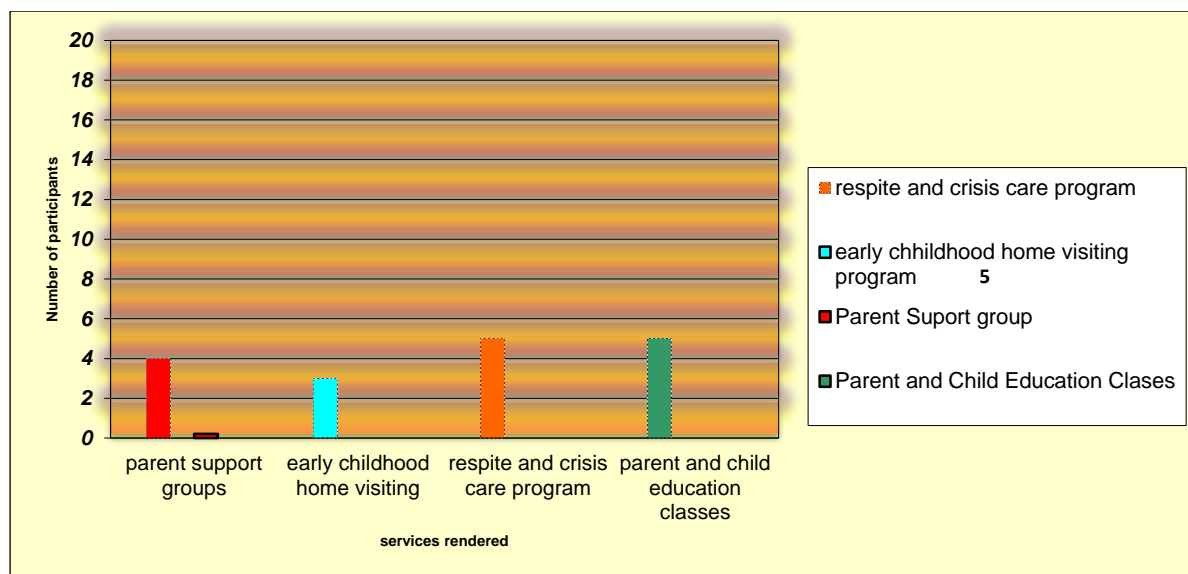
A quarter of the participants indicated that they provided services through family resource centres. This finding corresponds with literature and proves that there are no family resource centres in Namibia, and that resource centres are provided in the offices of social workers. In Namibia, there are limited family resource centres that deal exclusively with families. However, the Ministry of Gender Equality and Child Welfare has placed administrators previously known as community child care workers, in the offices of constituency councillors (Ministry of Gender Equality and Child Welfare, 2010:100).

Two participants (10%) indicated that they offered other services. One (5%) of the participants indicated that she was involved in advocacy for the rights of children in the prevention of child maltreatment, whereas 5% indicated that they were involved in radio shows as a form of awareness raising and advocacy.

From the results shown, it is clear that participants do not use a variety of primary prevention services as the majority of social workers only use one form of primary prevention service. However, it is important to note from literature that primary prevention services seek to raise the awareness of the general public, service providers, and decision makers about the scope and problems associated with child maltreatment (De Panfilis 2006:17).

4.6.2 Types of secondary prevention services rendered

The participants were asked to indicate the type of services they render at the secondary level of prevention. Participants were asked to indicate more than one service. The results are presented below in Figure 4.4



N =20

Figure 4.4: Type of secondary prevention services rendered.

Figure 4.4 illustrates that the majority of the participants rendered parent and child education groups. However, according to literature, social workers in the Ministry of Gender Equality and Child Welfare do not conduct parent education classes. This is mainly rendered by other service providers as is confirmed by literature that states that in Namibia parent education groups are only provided by the Ministry of Health and Social Services. The social workers at the Ministry of Health and Social Services conduct educational groups for teen parents and those within substance abuse treatment programmes. These groups are however not only held at schools but also at hospitals (Ministry of Health and Social Services 2015:4).

About a third (5=25%) of the participants indicated that they rendered respite and crisis care programmes as a prevention service on the secondary level of intervention. This is confirmed by Rose-Junius et al. (2006) who indicate that the educational services provided in Namibia such as the Oponganda School for Children with Special Needs and Onyonse Special School, provide placement for children whose parents are living in stressful circumstances and where these circumstances may affect the children and result in child maltreatment. However, these services are only provided during the day and have to a certain extent, yielded positive results in the prevention of child maltreatment for children living with disabilities or chronic illnesses. Social workers on the other hand, render crisis care to children who may not have a disability but who

are faced with a crisis. Nevertheless, the researcher is of the opinion that the participants might have not understood the question because according to literature, the respite and crisis care services are not offered by Ministry of Gender Equality and Child Welfare but by private organisations.

A few (4=20%) of the participants indicated that they used parent support groups. The aim of parent support groups is to empower parents to meet the challenges and responsibilities of parenting (Hendrickson 2014:3). While being a member of support groups, parents who need greater assistance could receive individual counseling sessions tailored towards their specific needs (Theodore et al. 2005; Barth 2009; Daro 2003). In Namibia, social workers have the mandate in the Ministry of Health and Social Services to conduct parent support group work for parents who may be at risk of child maltreatment. However, it seems that the participants in the study group do not utilise parent support groups on a regular basis to prevent child maltreatment.

A third (5=25%) of the participants indicated that they offered early childhood home visiting programmes as well as while awareness campaigns in schools and meetings with at risk parents. Early childhood home visiting programmes are services that help new parents gain knowledge of basic parenting skills by matching new families with trained providers, such as nurses, social workers or parent educators (Dodge 2010: 6). It is not clear if participants understood this question correctly because there is a possibility that they would have confused the normal home visitations for case management with the early childhood home visiting programme. That could be the reason why a quarter of the participants did not respond to this question.

Figure 4.4 illustrates that secondary prevention services are not often rendered by the participants. All the services got below average percentages. No other services were mentioned by the participants.

4.6.3 Tertiary prevention services rendered by social workers

The participants were asked to indicate the type of services they render at the tertiary level of prevention. Results are presented in Table 4.6.

Table 4.6: Types of tertiary prevention services rendered.

Tertiary prevention services	Number of Participants	Percentage
Parent and Child Support Groups	13	65%
Foster care (Non biological family care)	20	100%
Kinship care (biological family care)	20	100%
Residential care	20	100%
Adoption	20	100%
Others	0	0%

N=20

Table 4.6 indicates that all (20=100%) of the participants rendered services to families who are involved in kinship care (biological family care). These results confirm the fact that services to families with a child in kinship care is important in Namibia and given priority in the Ministry of Gender Equality and Child Welfare. Literature shows that kinship care is a very important placement option to prevent child maltreatment because it holds a strong cultural value to the Namibians at large (Ministry of Gender Equality and Child Welfare 2014:12).

Table 4.6 also show that all (100%) the participants rendered services to children in foster care (non-biological family care). In Namibia no difference is made between the definitions of foster or kinship care. However with the implementation of the Child Care and Protection Act 3 of 2015, foster care will be distinguished from kinship care and would be treated differently. Currently, whether a child is placed in foster or kinship care it is only referred to as foster care. Kinship care is not recognised in terms of the Children's Act 33 of 1960 as a result children in such arrangements had to be placed

in foster care by a competent court to be named as “foster parents” in order to be eligible for a grant. It is therefore clear that both kinship care (biological family care) and foster care (non- biological family care) are treated the same in Namibia until such time that the Child Care and Protection Act 3 of 2015 is implemented.

Services to children in residential care are equally highly rendered by participants as all (20=100%) participants indicated that they render this service often. This finding corresponds with the view in the policy documents of the Ministry of Gender Equality and Child Welfare (2008:6) which states that maltreatment is on the rise in Namibia causing social workers to make use of this service mostly in cases where they have to remove a child and where neither foster nor kinship care is possible. Literature states that residential child care facilities are places that are used for the temporary or long-term reception of children found in need of care and protection (The Minimum Standards of Care of Namibia 2009:4).

Furthermore the Criminal Procedure Amendment Act 24 of 2003 stipulates when it is required from children to testify in a criminal matter, special arrangements should be made for children who may be intimidated by a perpetrator in the household. This could include having to stay in a child care facility. In terms of the Combating of Rape Act 8 of 2000, the child is removed and placed in residential care. Therefore, these findings correlate with current policy and legislation.

All (20=100%) participants indicated that they rendered adoption services to children and families at tertiary prevention level. When kinship and foster care placement options are not available and the child needs a more permanent placement, social workers make use of adoption services in the prevention of child maltreatment. Literature also supports these findings as it states that, when it is clear that the birth parent cannot or will not provide a normal family home for the child, and when continued foster care is not an appropriate plan for the child, then a permanent alternative home should be sought for the child (Chisholm 2012:19).

According to the Children’s Act a child being adopted should have been found in need of care by a competent court for a period of two years before that child can be placed for adoption. In some cases in Namibia prospective adoptive parents will agree to foster the child for a period of two years before adopting the child.

No participants indicated any other services rendered at a tertiary level of prevention apart from the services mentioned in the questionnaire.

4.7 SERVICES RENDERED MOST OFTEN BY PARTICIPANTS

The participants were asked which of the services mentioned in the previous section were rendered most often and why? The data was analysed and the subtheme and narratives are presented in Table 4.7.

Table 4.7 Services rendered most often at primary, secondary and tertiary levels by social workers

Subthemes	Reasons	Narratives
1. Public awareness campaigns and education services	1. There is a need to inform the community on services offered by social workers on child maltreatment	<p><i>“We render mostly public <u>awareness on GBV issues</u>” we render these services <u>because our office is more on crisis intervention</u>, people need to know where to go when they find themselves in domestic violence situations, what to do when they are raped and so on.</i></p> <p><i>“We render public awareness services <u>because it is a regular activity with the aim of encouraging children to focus on their studies and know their rights.</u>”</i></p>

<p>2. Kinship care (biological family care) is rendered most under tertiary prevention</p>	<p>1. It is the mandate of the Ministry of Gender Equality and Child Welfare</p>	<p><i><u>"The Ministry places more emphasis on kinship care services because that is the mandate and main responsibility of the Ministry to give social grants to orphans."</u></i></p> <p><i><u>"Because we get a lot of kinship care cases and the Minister demands that we attend to them as priority."</u></i></p> <p><i><u>"... because most children live with their families or relatives and who are willing to take them in as their own. Especially if they saw that the child is not well taken care of."</u></i></p>
<p>3. Foster care (non-biological care) is rendered most under tertiary prevention</p>	<p>1. Orphan grants is payable only when children are placed in foster care</p>	<p><i><u>"Because a child might be encountering any form of abuse or neglect and has to be removed and be placed into immediate care."</u></i></p> <p><i><u>"Because in the Ministry the grants come first. Hence placement in foster care comes first."</u></i></p>
<p>4. Residential care is rendered most under tertiary prevention</p>	<p>1. Family members are not always willing to take care of children who are victims of child maltreatment</p>	<p><i><u>"We use residential care because we usually remove children when they are abused and place them in a Children's home or place of safety. We do this often."</u></i></p> <p><i><u>"Because when children are abused or neglected we place them in residential child care facilities."</u></i></p>

5. Parent and child support groups	1. Parents and children who have been involved in child maltreatment need counselling and support to overcome the trauma of maltreatment	<p><i>“We facilitate parent and child support groups <u>many parents do not know how to deal with the stress of being parents when there is abuse that this helps.</u>”</i></p> <p><i>“We help parents and children through the traumatic events of abuse in the family with the support groups.”</i></p>
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Public awareness campaigns and education services

The first subtheme that emerged was that a quarter of the participants indicated that public awareness campaigns and education services are rendered most. According to the participants, this service is rendered more often because there is a need to inform the community on services offered by social workers on child maltreatment. People also need to know where to go when they find themselves in crisis situations such as situations of domestic violence.

Kinship care (biological family care)

The second subtheme that emerged was kinship care (biological family care). All the participants said they often offered kinship care (biological family care) services. The main reason for this is that with kinship care it is possible to get a grant. It is the mandate of the Ministry of Gender Equality and Child Welfare to give orphan grants to children who are legally placed in kinship care. Literature of the Ministry of Gender Equality and Child Welfare (2014) supports this because in Namibia for each child that is placed in kinship care a grant of N\$200.00 is given by the Government in order to assist the caretakers to provide in the needs of the children.

It should also be taken into consideration that kinship care is a good solution for the prevention of child maltreatment, and in cases where children are abused or neglected is seen as an important placement option.

These findings are supported by literature such as the report of the Ministry of Gender Equality and Child Welfare (2014) that states that kinship care is a very important placement option in the prevention of child maltreatment because it holds a strong cultural value to the Namibians at large. The Ministry of Gender Equality and Child Welfare further states that there are approximately 14 000 Namibian children in kinship care and the majority of them are being cared for by extended family members.

Registration of children in kinship care therefore means that once the court order for kinship care has been issued, kinship care givers can receive the government grants for the children. This service is core to the Ministry of Gender Equality and Child Welfare which explains the fact that social workers spend more time rendering this service than any other service (Legal Assistance Centre (LAC) 2012:6).

Foster care (non-biological family care)

The third subtheme that emerged was that foster care (non-biological family care) is rendered on a regular basis by half of the participants who indicated that they rendered foster care often. In Namibia Foster care is a leading service provided by the Ministry of Gender Equality and Child Welfare. Literature reveals that from 1994 to 2008 there was a rapid increase in the number of children found to be in need of care. In 1994 there were 453 children in need of care in terms of the Children's Act 33 of 1960 and in 2008 there were about 1 008 children in children's homes and 13 003 in need of care and who were being fostered (Ministry of Gender Equality and Child Welfare 2008:6). Hence foster care as a placement option is one of the options mostly used in the prevention of child maltreatment followed by the placement in children's homes.

Residential care

Residential care was the fourth subtheme that emerged. Almost all the participants (18=90%) indicated that they offered residential care often. According to literature, the Namibia Residential Child Care Facilities (RCCF) does not only take care of children who are orphans, but also vulnerable children without proper parental care for different reasons. The term residential child care facility has somehow replaced the negative connotation of the term institutional care when referring to child group-care settings (Johansson 2007:10). Therefore, this is often utilised.

Parent and child support groups

Parent and child support groups was the fifth and last subtheme identified by almost two thirds of the participants. According to literature, at tertiary level of prevention, parent support groups are focused on treatment for the purpose of prevention after maltreatment has taken place (Malona 2015:2). This is supported by social workers at the Women and Child Protection Unit (WCPU) of the Namibian Police force, now called the Gender Based Violence Unit (GBVU), who have initiated gender based violence support groups for survivors of gender based violence so as to strengthen and motivate each other in positive living and to assist other people who have fallen into the same predicament in dealing with trauma (Ministry of Gender Equality and Child Welfare 2010:36). This subtheme could also be linked to the number of participants who render treatment services at tertiary level of prevention rather than early intervention services.

It is clear from the above discussion that the type of services most rendered to prevent child maltreatment is services on the tertiary prevention level. The data furthermore show that early intervention and early prevention is not regarded as the most important issue to address due to the amount of work participants have on a daily basis. There was a provision to comment on other services rendered in this question; however none were indicated.

4.8 CHALLENGES EXPERIENCED BY SOCIAL WORKERS REGARDING THE EXECUTION OF CHILD MALTREATMENT PREVENTION STRATEGIES IN NAMIBIA.

Social workers in Namibia as well as in other countries have experienced challenges in the prevention of child maltreatment due to several reasons. Participants were asked to identify their challenged experienced at the primary, secondary and tertiary levels of prevention. Data was analysed and the subtheme and narratives developed are indicated in table 4.8.

Table 4.8 Challenges experienced by social workers regarding the execution of child maltreatment prevention strategies in Namibia.

Theme: Challenges experienced by social workers regarding the execution of child maltreatment prevention strategies in Namibia.	
Subtheme	Narratives
1. Shortage of social workers to execute services	<p><u><i>"We do not have enough social workers."</i></u></p> <p><i>"There is <u>only one social worker covering three towns</u> which are apart from each other and there is no time for prevention services."</i></p> <p><u><i>"Social workers resign and a gap is created causing a lot of work."</i></u></p>
2. Lack of transport	<p><i>"... <u>Poor road network and transport system as a result it can be very difficult to carry out regular counselling sessions with e.g. a victim of sexual abuse.</u>"</i></p> <p><u><i>"No Transport."</i></u></p> <p><u><i>"Transport problems."</i></u></p>
3. Lack of cooperation from parents hinders successful execution of awareness programmes	<p><i>"Parents <u>do not turn up for meetings.</u>"</i></p> <p><i>"Not <u>everyone attends the public/educational/ awareness meetings</u> held in the community making it difficult for information to reach everyone."</i></p>

4. Lack of places of safety for children	<p><i>“Children with disabilities are being abused by their parents <u>and there are no shelters for them.</u>”</i></p> <p><i>“... there is <u>only one place of safety in my region</u> which is always full.”</i></p> <p><i>“There is <u>no place of safety in the region.</u> We place children in Ondangwa which is also difficult because sometimes they do not have space.”</i></p>
5. High caseloads	<p><i>“We get a lot of <u>casework and statutory work</u> so we do not have enough time to do community work.”</i></p> <p><i>“I have a <u>lot of foster care cases</u> but the court only gives us one court date per month.”</i></p> <p><i>“The Ministry expects me to place <u>at least three children in foster care.</u> However, a lot of custody cases take up most of my time.”</i></p>

Shortage of social workers as a challenge

The first category identified was that all the participants experienced a shortage of social workers as a challenge in their work situation. Career opportunities in the private sector also cause social workers to resign, adding to the problem of a shortage of staff. Participants felt that the shortage of social workers means that there is no time for prevention services and that they end up with excessively high caseloads.

This finding corresponds with a research study conducted by the British Association of Social Workers and Social Workers Union (2012:2) where it was discovered that social workers are usually overburdened with high caseloads and administrative work, while they receive low pay as compared to other professions, leaving social workers with less time to do prevention work and increasing staff turnover.

Lack of transport to execute duties

The second category identified was a lack of transport to execute duties. This challenge was indicated by a large number of the participants. A lack of transport hinders social workers from executing duties such as community awareness programmes. Most communities, especially in rural areas, are far from the participants' offices hence, with a lack of transport they do not engage in early intervention and prevention services at primary level of intervention since they have no means of travelling to the communities.

The shortage of transport is also supported by a study which was conducted by the Legal Assistance Centre in Namibia where it was found that there was a shortage of mobile facilities for social workers, especially in rural areas. Namibia is a sparsely populated country with significant numbers of people living in remote, rural areas with limited access to the services provided by Woman and Child Protection Units (WCPUs) and education on GBV and legal rights. Even where there is a WCPU in rural areas, it can be expensive and difficult for people to travel to the unit itself (Legal Assistance Centre 2006).

It can be concluded that the lack of transport plays a role in the execution of the duties of social workers in providing their services especially in rural areas.

Lack of cooperation from parents hinders the execution of awareness programmes

About a fifth (25%) of the participants identified the subtheme, i.e. a lack of cooperation from parents which hinders the execution of awareness programmes. Parents always provide excuses and complain of transport problems to go to the office of the social workers or to attend the awareness programmes on offer.

It is therefore clear that social workers are faced with the non-cooperation of parents who are at risk of child maltreatment.

Lack of places of safety

Another subtheme that emerged from the data was the lack of places of safety for children in need of care. About half of the participants indicated that a lack of places

of safety prevented them from doing prevention work in that there were none or very few places of safety to place victims of child maltreatment.

This corresponds with literature such as a research study done by the Legal Assistance Centre in Namibia (2006) that found that children had to remain in the homes where they were victims of maltreatment because they could not be removed to places of safety immediately. It was also established that child maltreatment is in most cases committed by a family member, which makes the need for children to be removed to places of safety more important. However, in most towns there are no places of safety available. According to the Ministry of Gender Equality and Child Welfare (2015:2), there are privately owned places of safety which cater for abused children. In most cases these places are full and cannot cater for more children since they are registered to allow a specific number of children.

It is therefore clear that a lack of places of safety is a challenge that hinders the prevention of child maltreatment in Namibia.

High caseloads

The last subtheme identified was high caseloads. Three quarters of the participants indicated that they had too many cases to attend to, which hindered them from doing prevention work effectively. Most of their caseloads were statutory work residing in residential child care facilities and foster care. This corresponds with the situation in South Africa where Gray and Lombard (2008:56) noted that social workers are indebted with high caseloads and foster care applications which could take up to a year or longer before they are processed and finalised at the Children's Court. One of the factors contributing to the foster care backlogs in Namibia is the high turnover of social workers as outlined earlier.

4.9 MOST IMPORTANT CHALLENGES EXPERIENCED IN THE PREVENTION OF CHILD MALTREATMENT

Participants were asked to indicate the three most important challenges they experience in the prevention of child maltreatment from a list. The results are illustrated in Table 4.9.

Table 4.9: Challenges experienced by social workers in implementing child maltreatment prevention.

Challenges experienced by social workers in implementing child maltreatment prevention services	Number of participants	Percentage
High staff turnover	3	15%
Shortage of social workers	20	100%
High foster care caseloads	17	85%
Multiple role responsibilities	9	45%
Shortage of places of safety	20	100%
Shortage of mobile facilities	11	55%

N=20

According to Table 4.9 the shortage of social workers and shortage of places of safety are the major challenges experienced in child maltreatment prevention, each ranking 100%.

All the participants indicated a shortage of social workers as one of the most important challenges experienced by social workers in the prevention of child maltreatment. According to Perl (2013:3), Namibia experiences a lack of human resources to run a professional social service system and to manage grants. Although the Ministry of Gender Equality and Child Welfare is recruiting new staff, it is still understaffed in most of the regions, leaving the regional staff with a limited capacity with which to manage the growing child maltreatment caseloads, child justice, the grants system and the foster and residential care caseloads.

All the participants in this study indicated a shortage of places of safety as a challenge at this level of intervention. A shortage of places of safety in Namibia also prevent social workers from effectively finalising child maltreatment cases as they often receive reports of child maltreatment but, because there are no shelters or places of safety in some of the regions, they cannot remove the child and end up leaving the maltreated child in the care of the abuser. For example in the Khomas Region an extensive area in Namibia, there is only one shelter that caters for abused women and children (Ministry of Gender Equality and Child Welfare 2015:2).

The findings also correlate with reports from the Ministry of Gender Equality and Child Welfare (2015:2) stating that there are privately owned places of safety for abused children but that these are also limited in number, mostly because they are registered to carter for a specific number of children.

Another challenge experienced by social workers was the high foster care caseloads. More than three quarters of the participants experienced this challenge. Following the results in Table 4.9 it can be concluded that due to a shortage of social workers, the existing staff (social workers) are being prevented from attending to prevention work due to high caseloads. This is confirmed a in a report by the Ministry of Gender Equality and Child Welfare stating that the social work services are overwhelmed with applications for foster care grants. This situation compromises the social workers' ability to work on cases where the main focus should be the care and protection of children who are maltreated or at risk of maltreatment, rather than processing grant payments (Ministry of Gender Equality and Child Welfare 2008:9).

A shortage of mobile facilities was also identified by more than half (11-55%) of the participants to be one of the challenges hindering the execution of child maltreatment prevention services. This is especially the case in rural areas and also corresponds with literature of the Legal Assistance Centre (2006:3), which states that in Namibia, mobile facilities are facilities such as transportation and communication facilities i.e. the internet, telephones, fax machines and motor vehicles.

The many responsibilities of social workers can be seen as another challenge that hinders social workers from doing primary and secondary prevention of child maltreatment. A third of the participants indicated that multiple role responsibilities were one of the challenges to hinder the execution of child maltreatment prevention

services. Literature such as Lohmann and Lohmann (2005:6) support this finding stating that “practice realities in many rural areas are such that the social worker will be called upon to handle a wide range of tasks and carry diverse helping roles”.

Finally less than a quarter of the participants indicated that a high staff turnover is one of the challenges that hinder execution of child maltreatment prevention services. Even though this was not one of the three main challenges experienced by social workers, it corresponds with literature which states that exceedingly high numbers of caseloads, poor working conditions, high staff turnover rates, and a poor public perception of the child welfare system are widely recognised as problems that contribute to the difficulty of attracting high-quality, innovative, and committed staff (Cahalane & Sites 2008:93; Ngwenya & Botha 2012:214).

4.10 WAYS IN WHICH SOCIAL WORKERS CAN BE AIDED IN THE PREVENTION OF CHILD MALTREATMENT.

Participants were asked to give their opinions on how social workers can be aided in the prevention of child maltreatment. The data obtained are shown in table 4.10.

Table 4.10: Ways in which social workers can be aided in the prevention of child maltreatment.

THEME: Ways in which social workers can be aided in the prevention of child maltreatment.		
Subtheme:	Category	Narratives
1. Increase resources needed by social workers	1. More resources needed for accessible services	<p><i><u>"Release more resources so we can do our jobs instead of us sitting in the office we can start working in the communities."</u></i></p> <p><i><u>"Social workers should be given a budget for community work."</u></i></p> <p><i><u>"By making the office resources available such as; telephones, copy machines, new fax machines and office stamps."</u></i></p>
	2. Insufficient places of safety	<p><i><u>"We should advocate for more places of safety or alternative forms of care."</u></i></p> <p><i><u>"We need to help those places of safety which are not registered to be registered so that we can place children there."</u></i></p>
2. Educate social workers on child maltreatment prevention services	1. In service training and workshops	<p><i><u>"More training is needed on child maltreatment prevention."</u></i></p> <p><i><u>"...through workshops, through in-service training ..."</u></i></p> <p><i><u>"Training/Education should be focused more for social workers on all"</u></i></p>

		<i>legislation and policies regarding the prevention of child maltreatment”</i>
3. Build staff motivation	1. Adequate supervision to address challenges faced by social workers	<p><i>“First management need to address social workers challenges, <u>proper supervision, debriefing, multi-sectorial team work</u> might reduce work load.”</i></p> <p><i>“... social workers need <u>more guidance, supervision.</u> ”</i></p> <p><i>“... social workers need <u>more motivation.</u>”</i></p>
4. Recruitment of more social workers	1. Create more positions for social workers	<p><i>“<u>Employment of more staff members, social workers</u> can help in addressing issues, infrastructure development can also help with service delivery.”</i></p> <p><i>“Employ <u>more social workers</u> in Government.”</i></p>

4.10.1 Increase resources for social workers

The first subtheme identified by all participants was the need that resources should be increased as required by social workers. The first category which emerged was that more resources are required for accessible services. This was identified by 15 (75%) participants who mentioned the need for transport, offices, telephones, copy machines, new fax machine, office stamps, etc.

The second category was identified by a quarter of the participants who mentioned that there are insufficient places of safety. Literature also supports this finding (Legal Assistance Centre, 2006) in Namibia, child maltreatment is in most cases committed by a family member and there is need for children to be removed to safer places, however, there are no places of safety available in most towns, and frequently the

child's mother aligns herself with the perpetrator who is the breadwinner. If a child is molested, the only place of safety is the hospital.

4.10.2 Educate social workers on child maltreatment prevention services

In another subtheme, the majority of participants suggested that more education on the prevention of child maltreatment for social workers is required. Participants felt that very little training on the prevention of child maltreatment was conducted. The only category that emerged from this subtheme was that in-service training and workshops are needed to educate and train social workers on child maltreatment prevention.

4.10.3 Build staff motivation

The other subtheme that emerged was to build staff motivation with the category that adequate supervision to address challenges faced by social workers should be provided. A few participants indicated that social workers lacked motivation to do prevention work because they received little or no supervision. This is supported by literature as it is seen that amongst others, shortage of staff, complicated by the absence of a staff rotation policy and a need for much more rigorous staff training, insufficient support for staff, including a lack of mentoring and debriefing services, unclear goals and guidelines of units such as the Woman and Child Protection Units (WCPUs) and the inefficient management structures to monitor and coordinate the functions of Women and Child Protection Units, limited prevention and outreach programmes to educate communities on GBV and WCPU services, poor facilities and equipment at the units, and a low prosecution and conviction rate in GBV cases, are all challenges social workers experience in the prevention of child maltreatment (Perl 2013; Rose-Junius et al. 2006). These all lead to a low morale amongst social workers, which, with adequate supervision and management, could be improved.

4.10.4 Recruit more social workers

The minority of the participants (5 =25%) indicated that recruiting more social workers will help in lessen caseloads with more time available to do prevention services. This was also noticed in the literature review as Perl (2013:3) states that in Namibia, there is a lack of human resources to run a professional social service system and to manage grants. Although the MGE CW is recruiting new staff, it is still understaffed in the regions where there is a limited capacity to manage the increasing

child maltreatment cases, child justice, the grants system and the foster and residential care caseloads.

4.11 COMMENTS AND SUGGESTIONS

Participants were given the opportunity to make comments and suggestions with regard to the implementation of child maltreatment prevention services. Only a few participants took part and the results are illustrated in Table 4.11.

Table 4.11: Comments and suggestions for the implementation of child maltreatment prevention services.

Theme: Comments and suggestions	
Subtheme	Narrative
1. Social workers to render early intervention services and be given more specific responsibilities	<p><i>"I really want social workers to be available for <u>early prevention</u> ..."</i></p> <p><i>"... social workers in the Ministry need more <u>specific roles and responsibilities</u>, we deal with all cases as long as its related to a child there is no time for prevention ..."</i></p> <p><i>"The offices for social workers are always crowded with 2 to 3 social workers hence there is need of more office space."</i></p>

Only 10% of the participants made comments and suggestions where they stated that social workers should invest more in early prevention services and that social workers in the Ministry of Gender Equality and Child Welfare need more specific roles and responsibilities and there is no time for prevention work. It also seems as if offices are sometimes overcrowded. These comments correlate with the challenges that are experienced by the participants in this study in the prevention of child maltreatment.

4.12 CONCLUSION

In this chapter the views of social workers on the implementation of child maltreatment prevention services in Namibia were presented, discussed and interpreted. From the data collected it has been established that all participants face challenges in implementing child maltreatment prevention services which directly impact on their effective and efficient delivery of service. The most common challenges experienced were, shortage of social workers, lack of transport, shortage of places of safety, high caseloads, and lack of government support. Due to these challenges, prevention services are limited. These findings were discussed as well as compared to literature as referred to in Chapters two and three. The next chapter outlines the summary of findings, concludes the research and gives recommendations for future action.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The study on the views of social workers on the implementation of child maltreatment prevention services was devised from the gap in literature on social work challenges in child maltreatment prevention. The first objective of the research study was to highlight the international, regional and local policies and legislation utilised by social workers in the implementation of child maltreatment prevention services at macrosystem, mezzosystem and microsystem levels and was achieved in Chapter two of this study where policies and legislation utilised in the implementation of child maltreatment prevention services were explored.

The second objective discussed in Chapter three of the research study was to explain the roles of social workers in the implementation of child maltreatment services at different levels of intervention.

In Chapter four the third objective of the research study was achieved through the investigation of the views of social workers on the implementation of child maltreatment prevention services. Data was collected by means of a semi-structured interview schedule. Twenty participants were interviewed in this study and the findings of these interviews were presented in Chapter four.

The aim of this chapter is to present the conclusion drawn from the empirical investigation and to make suitable recommendations. The recommendations in this chapter will provide guidelines for social workers on how to improve services that are focused on child maltreatment prevention. This chapter therefore meets the final objective of this study, to conclude the investigation with conclusions and recommendations on the views of social workers on the implementation of child maltreatment prevention services. The conclusion and recommendations are related to and achieve the aim and objectives of the research study.

5.2 CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations of this research study are based on a literature study and an empirical investigation. The conclusions and recommendations are developed with the aim and achievement of the objectives of the research study. The outline of the conclusions and recommendations are provided according to the format of the empirical investigation in Chapter four and the layout of the semi-structured interview schedule.

5.2.1 Particulars of the participants

The majority of participants who took part in this study were between the ages twenty and forty years old. They are thus classified to be in their young adulthood and middle adulthood stages of development. The participants who took part have also practiced social work for less than 10 years and have less than 10 years of experience in child maltreatment prevention

It is **concluded** that social workers working in Ministry of Gender Equality and Child Welfare are young social workers with less than 10 years' work experience.

Recommendation

It is recommended that;

- ✓ The Ministry of Gender Equality and Child Welfare should encourage young social workers to pursue post graduate qualifications and advance their knowledge in social work practice.

5.2.2 International, regional and domestic legislations and policies regarding the prevention of child maltreatment in Namibia

The investigation in this section of the study focused mainly on the familiarity of participants with policies and legislation in line with the prevention of child maltreatment. The study also investigated how these policies and legislation guide social work practice.

5.2.2.1 Familiarity with the legislation and policies that guide social work practice.

The majority of the participants were familiar with the Children's Act 33 of 1960, Combating of Domestic Violence Act 4 of 2003 as well as the Combating of Rape Act 8 of 2000. The participants were also familiar with the United Nations Convention on the Rights of a Child (UNCRC) (1989), however, the minority of the participants were familiar with the African Charter on the Rights and Welfare of a Child (ACRWC), the Criminal Procedure Act 24 of 2003 and the Maintenance Act 9 of 2003.

This could be explained because social workers in Namibia use the Children's Act 33 of 1960 on a daily basis and regularly refer to the Combating of Rape Act 8 of 2000 and the Combating of Domestic Violence Act 4 of 2003. A lack of familiarity with the ACRWC, the Criminal Procedure Act and the Maintenance Act 9 of 2003 could be attributed to the fact that there is a lack of training concerning this policy and legislation.

It can therefore, be **concluded** that the participants are aware of most of the policy and legislation pertaining to the maltreatment of children, namely the Children's Act, the Combating of Domestic Violence Act 4 of 2003 as well as the UNCRC whereas only a few participants are conversant with the ACRWC, the Maintenance Act 9 of 2003 and the Criminal Procedure Act.

Recommendations

It is recommended that:

- ✓ The Ministry of Gender Equality and Child Welfare should consider presenting more in-service training on legislation and policies to aid social workers in the application thereof, especially international and regional policies.
- ✓ The University of Namibia should consider including a module in their curriculum on international, regional and national policies and legislation.
- ✓ Social workers must have access to handbooks on policies and legislations to aid them in their task of prevention of Child Maltreatment.

Social workers must specifically familiarise themselves with the African Charter on the Rights and Welfare of the child.

5.2.2.2 How policies and legislations guide social work practice in the prevention of Child maltreatment

The majority of participants indicated that an international policy such as the UNCRC guides social work practice in child maltreatment prevention with guidelines on the universal declaration of human rights and the prevention of family separation and preserving the family unity. With regard to regional policy (Africa), a few participants specified that they use regional policy to provide guidance in their practice in child maltreatment prevention when dealing with cases of maltreatment due to cultural and traditional practices.

The research also revealed that all the participants regarded national legislation as providing the guidelines for use in their daily practice in child maltreatment prevention. The national legislation that they rely on addresses sexual abuse of children, child neglect and domestic violence cases where the victims are children, furthermore, the national legislation also provides guidelines for foster care placements as well as registrations of Residential Child Care Facilities and Adoptions.

It can therefore be **concluded** that the UNCRC, and national legislation such as the Children's Act 33 of 1960, the Combating of Domestic Violence Act 4 of 2003, and the Combating of Rape Act 8 of 2000, guide social work practice. While neither the regional policy being the ACRWC nor the national policy (National Agenda for Children) is being used by social workers in their effort towards the prevention of child maltreatment. This is the case even though the aforementioned policies regulate important aspects of the prevention of child maltreatment on the basis of culture and tradition.

Recommendations

It is therefore, recommended that:

- ✓ Social workers should familiarise themselves with the regional policy in order to know it well and for it to serve as guideline in their practice.
- ✓ Social workers should be encouraged to understand the policies in order to apply them.

5.3 SERVICES RENDERED AT DIFFERENT LEVELS OF THE ECOLOGICAL PERSPECTIVE IN CHILD MALTREATMENT PREVENTION

The services rendered in the prevention of child maltreatment at different levels of the ecological perspective were investigated.

5.3.1 Microsystem level

The research revealed that all the participants rendered case work at micro level of the ecological perspective. Social workers highlighted that they rendered case work in terms of counselling with individuals and family therapy and that they rendered services in the form of crisis intervention, material support and psychosocial support.

5.3.2 Mezzosystems level

All the participants in this study indicated that they rendered group work services at mezzo level of the ecological perspective. Different types of group sessions were being implemented as an on-going service, such as educational and support groups.

5.3.3 Macrosystems level

It was found that community work is rendered mostly on this level of intervention. The type of awareness campaigns used were different between radio and television shows and newspapers, community meetings as well as community education and campaigns were utilised less.

It is concluded that case work and group work services are the main methods used in the prevention of child maltreatment. Although participants indicated that they also use community work as a method this was utilised less often than case work.

Recommendations

It is recommended that

- ✓ Social workers should be empowered to advocate for children against child maltreatment.
- ✓ Social workers need more training on how to use different types of awareness programmes in the prevention of child maltreatment at macrosystem level.

Because there are a lot of young social workers with less experience, the few experienced social workers should be encouraged to be in the forefront in the prevention of child maltreatment.

5.4 TYPES OF PREVENTION SERVICES RENDERED MOST AT PRIMARY, SECONDARY AND TERTIARY PREVENTION LEVELS BY SOCIAL WORKERS

In order to achieve the third objective of this study the type of services rendered by social workers at primary, secondary and tertiary levels of prevention were researched. . Participants were asked to identify which services they rendered at different levels and thereafter they were asked to identify the services they render most.

5.4.1 Primary prevention services rendered by social workers

Public awareness campaigns and education services were rendered most often as part of the primary prevention services. This form of primary prevention is mainly done through forums where social workers network with other organisations and link clients to necessary resources. Family resource centres and community family education classes were rendered less often.

It is concluded that more work at the primary level of prevention is needed as less than half of participants rendered prevention at this level. Less than half of the study group indicated that they rendered services at primary level of prevention. One can therefore conclude that primary prevention services are not core services rendered by social workers in the prevention of child maltreatment.

Recommendations

It is recommended that:

- ✓ The Ministry of Gender Equality and Child Welfare should ensure more early intervention and prevention programmes in annual planning.

5.4.2 Secondary prevention services rendered by social workers

Parent and child education groups as well as respite and crisis care programmes in prevention service at secondary level of intervention are rendered most often. Parent support groups are sometimes utilised in service rendering.

A **conclusion** is therefore drawn that the main services social workers render in the prevention of child maltreatment at secondary level of prevention are parent and child education groups and respite and crisis care programmes.

Recommendations

It is recommended that:

- ✓ Social workers should conduct more group work in the prevention of child maltreatment.
- ✓ The Ministry should employ specialised social workers who can focus on group work services as a prevention service in terms of respite and crisis care programmes.

5.4.3 Tertiary prevention services rendered by social workers

All the participants rendered kinship care (biological family care) and foster care (non-biological family care) at tertiary level of prevention. Both placement options are therefore, important in Namibia and given priority in the Ministry of Gender Equality and Child Welfare. It was also discovered that no distinction is being made between kinship care (biological family care) and foster care (non-biological family care) and that this approach will change once the Child Care and Protection Act 3 of 2015 which distinguishes kinship care from foster care, is implemented.

Residential care is as often utilised by social workers as foster and kinship care and adoption services are also delivered regularly. Parent and child support groups are sometimes rendered by social workers. It was furthermore established that social workers

In conclusion, it is clear that social workers in the Ministry of Gender Equality and Child Welfare in Namibia deliver more services at tertiary level of prevention than at both the primary and secondary levels of prevention.

Recommendations

It is recommended that:

- ✓ Social workers should be encouraged to come up with early intervention programmes which would foster services to be delivered at the primary prevention level in order to prevent children from being maltreated.

5.4.4 Services rendered most at primary, secondary and tertiary prevention levels by social workers

Tertiary prevention services were identified as services that are being rendered most. In Namibia social grants are given in both foster and kinship care cases, which cases must be dealt with on a statutory basis. This contributes to the daily caseloads of social workers. Thus, foster care (non-biological family care) and kinship care (biological family care) are services rendered most often. Other services rendered are public awareness campaigns, parent and child education groups at secondary prevention services, and parent and child education groups and community partnerships at primary prevention services.

In conclusion, from the results obtained, it is clear that social workers in Namibia render mostly tertiary prevention services with kinship care and residential care followed by foster care being the services rendered most often in the Ministry of Gender Equality and Child Welfare. It is therefore clear that the focus of prevention is at tertiary level and not at primary prevention level. The results obtained from participants clearly illustrate that early intervention and early prevention services are not prioritised by the Ministry of Gender Equality and Child Welfare.

Recommendations

It is recommended that:

- ✓ Primary prevention services should be encouraged to reduce cases which need treatment and rehabilitation.
- ✓ More workshops and training programmes on the importance of early intervention and prevention services are required.

- ✓ Social workers need to focus on prevention so that maltreatment does not occur or is reduced.

5.5 CHALLENGES EXPERIENCED BY SOCIAL WORKERS REGARDING THE EXECUTION OF CHILD MALTREATMENT PREVENTION STRATEGIES IN NAMIBIA

Challenges identified are a shortage of social workers, lack of transport to execute duties and a shortage of mobile facilities for social workers especially in rural areas. The lack of cooperation from parents, shortage of places of safety, high staff turnover and high caseloads were identified as main challenges faced by social workers in the implementation of child maltreatment prevention services.

It is hereby **concluded** that, social workers face many challenges in the implementation of child maltreatment prevention services which hinders the delivery of prevention services to children and families.

Recommendations

It is recommended that:

- ✓ The Ministry of Gender Equality and Child Welfare should consider employing more social workers to complement the services already delivered by social workers.
- ✓ The Ministry should lobby for more vehicles from the government as services at primary level of prevention require regular community engagement in vast rural areas.

5.5.1 Most important challenges experienced in the prevention of child maltreatment

The most important challenges experienced by social workers were a shortage of social workers, shortage of places of safety and high foster care caseloads.

It can therefore, be **concluded** that a shortage of social workers, shortage of places of safety and high foster care caseloads are the most important challenges social workers experience in the prevention of child maltreatment on a daily basis.

Recommendations

It is recommended that:

- ✓ Job creation for social workers should be prioritised on government structures.
- ✓ The profession of social work must be promoted in both primary and secondary schools to encourage more people to study social work.
- ✓ More incentives for staff satisfaction are made available.
- ✓ Alternative forms of care should be advocated rather than the institutionalisation of children.

5.6 WAYS IN WHICH SOCIAL WORKERS CAN BE AIDED IN THE PREVENTION OF CHILD MALTREATMENT

The majority of the participants indicated that there is a need for adequate resources in the exercise of child maltreatment prevention. This includes better infrastructures, such as places of safety, for services to be more accessible, more child maltreatment prevention programmes and better funding.

Moreover, the following suggestions were made, namely that more in-service training for social workers should be available, that more staff should be employed, and that staff should be adequately motivated. Recruiting more social workers will help in lessening caseloads and more time will be available to do prevention services. More support staff is required to alleviate the administrative tasks of social workers which would leave more time for them to render prevention work.

It can be concluded that social workers require considerable support in the prevention of child maltreatment. Various challenges as well as ways that social workers can be aided in providing prevention services have been identified.

Recommendations

It is recommended that:

- ✓ Infrastructure for places of safety or other alternative forms of care should be provided.

- ✓ More funds are allocated for prevention programmes.
- ✓ More funds are allocated for early intervention and prevention services.
- ✓ In-service training for social workers on early intervention and prevention services should be provided.

5.7 FURTHER RESEARCH

With regards to the results of the empirical research on the views of social workers on the implementation of child maltreatment prevention services, it is hereby suggested that further evaluative research be conducted on the effectiveness of services rendered by the Ministry of Gender Equality and Child Welfare on the prevention of child maltreatment.

This research may assist the Namibian Government in identifying the services on child maltreatment prevention that are more effective and limit those services that are less effective. The research could furthermore indicate to the Namibian Government how early intervention could be more effective than tertiary prevention services.

Finally the research may prove helpful in assisting the Namibian Government, specifically the Ministry of Gender Equality and Child Welfare, in its awareness of the different types of intervention services and furthermore help with the inclusion of these intervention services in the annual planning thereof each year.

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Annexure 1: Informed consent form



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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

TITLE

VIEWS OF SOCIAL WORKERS ON IMPLEMENTATION OF CHILD MALTREATMENT PREVENTION SERVICES IN NAMIBIA

You are invited to participate in a research study conducted by Mrs. Dainess Amukwelele a master's student from the Social Work Department at the University of Stellenbosch. The results of this study will become part of a research report. You were selected as a possible participant in this study because you are a social worker working with child maltreatment cases, which places you in an appropriate position to share your views on prevention of child maltreatment and to provide suitable recommendations on this topic.

1. PURPOSE OF THE STUDY

The aim of this study will be to explore the views of social workers in the in Namibia on implementing child maltreatment prevention services.

In order to reach this goal, the following will be the objectives of the study:

1.1 Aim

The aim of this study is to explore the views of social workers on the implementation of child maltreatment prevention services in Namibia.

4.2 Objectives

In order to reach this goal, the study fulfilled the following the objectives:

- To describe the policy, legislation and theoretical points of departure in the prevention of child maltreatment.
- To identify the welfare services rendered by social workers in the implementation of child maltreatment prevention strategies.
- To identify the challenges of social workers in the implementation of child maltreatment prevention strategies in Namibia and to provide recommendations for practice on the prevention of child maltreatment in the Namibian context.

3. PROCEDURES

If you volunteer to participate in this study, we would ask you to participate in a semi-structured interview, which will be utilised to gather information confidentially. You need not indicate your name or any particulars on the interview schedule.

3. POTENTIAL RISKS AND DISCOMFORTS

Any uncertainties on any of the aspects of the schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND / OR TO SOCIETY

The results of this study will be of great benefit to the Namibian Government in that the service providers or child welfare offices will become aware of the challenges faced by social workers and the research will propose clear guidelines and recommendations on what can be done to enhance the prevention of child maltreatment in the Namibian context. This will in turn improve service delivery.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each

questionnaire is numbered. All information will be managed, analyzed and processed by the researcher and will be kept in a locked filing cabinet accessible the researcher only.

Interviews will be audio-recorded. The participant can at any time ask to review the audio tape used to gather data. Recordings will be kept in a safe place locked in a filing cabinet accessible to the researcher only. The recordings will be deleted after the completion of the study. Results will be available on the Stellenbosch University's Library website for viewing.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so, e.g. should you influence other participants in the completion of their questionnaires.

8. IDENTIFICATION OF STUDENT-RESEARCHER

If you have any questions or concerns about the research, please feel free to contact: Dr. M. Strydom (Supervisor), Department of Social Work, University of Stellenbosch, Tel. 021-8082070, E-Mail: mstrydom@sun.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me the participant by Mrs. Dainess Amukwelele in English as I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name of subject/participant]. [He / She] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

Annexure 2: Semi structured interview

UNIVERSITY OF STELLENBOSCH

DEPARTMENT OF SOCIAL WORK

SEMI-STRUCTURED INTERVIEW SCHEDULE

Views of social workers on the implementation of child maltreatment prevention services in Namibia

All the information recorded in the questionnaire will be regarded as strictly confidential. The names and individual views of respondents will not be made known.

INSTRUCTIONS

1. Please answer all the questions by ticking in the appropriate box or filling in the spaces provided.
2. Be as honest and open as possible.

Section A: IDENTIFYING PARTICULARS OF RESPONDENTS

1. 1 Age of respondent:

Age	Mark with an X
20 - 30 years	
31 - 40 years	
41 - 50 years	
51 - 60 years	
61+ years	

1.2 How many years have you been practicing social work?

Number of years' experience	Mark with an X
1- 5 years	
6- 10years	
11-15years	
16 - 20years	
21+ years	

1.3 Work experience regarding child maltreatment prevention?

Length of time	Mark with an X
1 - 5 years	
6-10 years	
11-15 years	
16-20 years	
21+years	

1.4 Indicate your highest qualification in Social Work

Qualification	Mark with an X
Diploma in Social Work/2yrs	
B Social Work /3yrs	
BA Social Work/4yrs	
MA Social Work	
PhD Social Work	
Other.....	

SECTION B: International, regional, and Namibian domestic legislations and policies regarding the prevention of child maltreatment in Namibia.

2.1 Indicate the legislation and policy that you are familiar with in the prevention of child maltreatment?

Legal instruments regulating the prevention of child maltreatment	Mark with an X
International Policy United nations convention on the rights of a child (1989)	
Regional policy The African charter on the rights and welfare of a child (1999)	
National Legislations	

Children's Act 33 of 1960	
Child Care and Protection Act 3 of 2015,	
The Combating of Rape Act 8 of 2000	
Combating of Domestic Violence Act 4 of 2003	

2.2 Explain how policies and legislation mentioned in the previous question guide you in preventing child maltreatment.

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2.3. Identify the welfare services that you deliver on the different levels of the ecological perspective in preventing child maltreatment.

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SECTION C: TYPES OF PREVENTION SERVICES RENDERED IN THE IMPLEMENTATION OF CHILD MALTREATMENT PREVENTION STRATEGIES.

3.1 Which of the following services do you render in your organization as part of prevention services in child maltreatment?

Primary prevention services	
Public awareness campaigns and education services	
Family education classes the community	
Community partnerships	
Family resource centers	
Other services	
Secondary prevention services	
Parent support groups	
Parent and child education groups	
Early childhood home visiting programs	
Respite and crisis care programs	
Other services.....	

Tertiary prevention services	
Parent and child support groups	
Foster care (non-biological family care)	
Kinship care (biological family care)	
Residential care	
Adoption	
Other services	

3.1 Which of the above services do you render most often and why?

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SECTION D: CHALLENGES EXPERIENCED BY SOCIAL WORKERS REGARDING THE EXECUTION OF CHILD MALTREATMENT PREVENTION STRATEGIES IN NAMIBIA.

4.1 What challenges do you experience in the implementation of child maltreatment prevention services;

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4.2 Identify three most important challenges you experience in the prevention of child maltreatment?

Challenges	Mark with an X
High Staff turnover	
Shortage of social workers	
High foster care case loads	
Multiple role responsibilities	
Shortage of places of safety for the protection of children	
Shortage of mobile facilities	

SECTION E: IMPROVEMENT IN SERVICES TO ENHANCE CHILD MALTREATMENT PREVENTION.

5.1 In what ways can social workers be aided in the prevention of child maltreatment.

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5.2 Any other comments or suggestions

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THANK YOU FOR YOUR PARTICIPATION.

